

Mark Masselli: We're speaking today with Congressman James Clyburn House Majority Whip and third ranking Democrat in the US House of Representatives. He was elected to Congress in 1993, later serving as Chairman of the Congressional Black Caucus and Chair of the House Democratic Caucus. He has been assistant Democratic leader of the House since 2011. His 2015 memoir, *Blessed Experiences, Genuinely Southern Proudly Black* has been hailed as a primer for anyone considering going into public service. Congressman, welcome back to Conversations on Health Care.

James Clyburn: Thank you so much for having me.

Mark Masselli: Yeah, we're so proud to have this conversation with you. It's our 500th show, and certainly we have watched your career with great admiration. You entered into public service early as a civil rights activist in your native South Carolina. It greatly informed the work you continue to do today. You were instrumental in the passage of the Affordable Care Act, which you've called the civil rights act of the 21st century, and it's still the law of the land, though it's run through a gauntlet of challenges. Take us back over this past decade and tell us what you're most proud of around this ACA having been passed.

James Clyburn: Well, you mentioned that I often referred to the Affordable Care Act as civil rights act of the 21st century. I did that in large measure based upon my own experiences and my connections with the Civil Rights Movement. You recall, that Martin Luther King Jr. said, that of all the inequalities that exist, the injustice in health care is the most shocking and inhumane. When you think about the life and death decisions that have to be made, I think about my own mother who died at the age of 55 of multiple myeloma. I remember her saying to me on one occasion, if I don't have a chance to get well, I don't want you all spending all of my savings, if I don't have a chance. Well, we knew she did not have a chance, and we did spend all of our savings. It was in large measure because she had a junk policy, she had what she thought was a good health care policy, she paid into it religiously, but it was all gone in two months.

That takes me to what I think was the best thing about the Affordable Care Act. A lot of people say it's because of people, recovering people with pre-existing conditions, that's not the best strength to me. The best strength to me was not being able to kick people off the health care policies, once they got sick. These junk policies that people bought found themselves, many of them in bankruptcy. The things that people don't talk about in the Affordable Care Act are things that I think are very, very important. The 80-20 rule that you must return in the form of benefits to your policy holders at least 80% of the premiums, and if you don't, you have to send them a refund check. That 80-20 rule, no more than 20% of the premium cost can go to the

insurance companies. These are things about the Affordable Care Act that never get talked about, and I think they are most important things that we did. All that we have is sort of a civil rights order to it.

Margaret Flinter: Well, Congressman, thank you for highlighting each of those areas and of course for recalling those words of Martin Luther King, which I think it's safe to say we recall and live by all the time. But time has gone by since the passage of the ACA we've lived through years of being able to see its impact. In recent years, partisan politics certainly has become the status quo. What we're seeing is that the divides are not only drawn along party lines, but it seems racial lines as well as we saw with the singling out by the White House of lawmakers of color for personal attacks. We see these ongoing efforts to undermine the Affordable Care Act, and of course, we've seen bills that would move the agenda on health care and other social issues forward being stalled in the Senate. Your thoughts on how we rise above the current partisan stalemates to address some of these big challenges that everybody in the nation is facing.

James Clyburn: Well, I say to people all the time, we have to really come to grips with the fact that our society moves like a pendulum on the clock, will always going back and forth. This country has moved left for a period of time, then it tops out and goes back right for a period of time. That's the way the country has always been, because when you have a kind of system of government like we have, emotions tend to set the tone for stuff. We topped out to the left with Barack Obama, from the moment he was sworn in, the country started going back to the right. It seemed to have topped up with the current occupier of the White House, and already we see polls indicating that the country is moving back to the left.

What we have to do is to stay engaged and be vigilant and make sure that the country doesn't go too far left or too far right. When the pendulum is going left to right and right to left, it's passing through the center, which means we spend twice as much time in the center as we do to the left or to the right. To me that's what we have to do, be vigilant. I remember speaking with Desmond Tutu on the evening before Barack Obama was sworn in. When it my time to speak, I sort of would often attributed to Thomas Jefferson, that the price of liberty is eternal vigilance. We were celebrating victory of Barack Obama. We validated our beliefs and the dreams. Martin Luther King Jr. had been validated by that victory.

While we were celebrating those Vs we left vigilance, we passed Affordable Care Act residence and went on to do something else. We didn't go out and explain to people exactly what it was that we had done. I venture to say that I've mentioned this morning a couple of things that most people never even focus on those in the Affordable

Care Act, a lot of people don't know that 80-20 rule is there because we didn't go out to tell them. We were not vigilant, celebrating victories, validating our existence, but we did not go to that other V.

Mark Masselli: I want to talk a little bit about the center, the right and the left coming to the center. I want to talk about community health centers.

James Clyburn: Sure.

Mark Masselli: Which you have would you have been supportive of, and I want you to know that when we were starting our health center back in 1972, it ran through South Carolina. A young woman left Florence, South Carolina and she made her way to Middletown, Connecticut, Lillian Reba Moses. Reba was with us when we started, she chaired our board of directors. She just brought incredible influence into the work that we do. But it reminds me that people, rich people, poor people, people on the right, people on the left came together to support community health centers. You and Senator Bernie Sanders and others have introduced a program that really continues to expand on that. I'm wondering if you could talk a little bit about that bill, but talk about the role that you see health centers playing all across this country.

James Clyburn: I go way back more than 50 years with community health centers. Starting out studying what was going on up in Massachusetts, [inaudible 00:08:22]. Then I think it was a book that Fritz Hollings, which I mentioned when I eulogized him, The Case Against Hunger. When he wrote that book, and in consultations with Dr. Getz down in Gifford, they thought [inaudible 00:08:39] comprehensive health care center, so I've been involved through all of that. I still believe that the ultimate health care safety net in this country to me is the health centers. I think that that why I work as hard as I can to strengthen them, because those community health centers, if you bring people together, organize around and that's what community health centers are all about. Bringing local people together, developing approaches, being involved in their own health care and doing it from a community perspective.

I think that it provides a safety net like nothing else can. I do believe that we will strengthen these centers with this new effort that I've undertaken, and that is rural broadband deployment. I think that every community health center ought to be a hotspot. The community health centers need to be connected to teaching hospitals, and they can do that through telehealth. I just think between community health centers, rural hospitals, telehealth programs, I think we could have the ultimate delivery of effective healthcare to everybody in America. I'm all for getting 100% coverage of community health centers throughout this country. I'm pleased to work with Bernie Sanders to try to get that done.

Margaret Flinter: Well, Congressman for all of us engaged in health center work, when we look at the nearly 30 million people that get their care in community health centers, one thing that underlies so much of their lives is poverty, right? We know poverty as an independent variable plays a huge role in health outcomes for individuals and families. We are so interested in the anti-poverty bill that you've recently co-sponsored along with Senator Cory Booker, which really is seeking to address so many of these upstream causes of ill health. How does this bill seek to mitigate the effects of income inequality, poverty in this country?

James Clyburn: When we were putting together the so-called recovery package, the stimulus bill, I remember saying in our very first bipartisan meeting, I said to the bipartisan group that day that we could not put together a recovery package that would do to the community that I represent what the last big recovery package did, we call the new deal. The new deal left too many people out, left too many communities out. Someone asked me, well, what would you do? I said to them, I would take the census results, the Census Bureau has determined that every community where 20% of the mortal population [inaudible 00:11:35] level for the last 30 years is categorized as a persistent poverty community. What I thought we ought to do is say, when we put this bill together let us stipulate that at least 10% of this money must be invested in those communities with 20% of mortal populations, the [inaudible 00:11:53] for the last 30 years. They thought it was an intriguing idea, but they weren't too sure how it would work.

They let me do it in four sections of the agricultural plot of the Recovery Act, it worked famously. Senator Booker and I have sponsored legislation that will expand this into census tracts so that we won't leave urban communities out, because there are a lot of low income communities. For instance, Kings County, New York, that's parts of Brooklyn, it's a persistent poverty county. This bill is working famously, the new emergency health care facility in Bamberg County, South Carolina was built because of 102030. Water systems being installed all over rural communities because of the 102030 and nothing is more paramount to good health than safe drinking water.

I just think that if you look at what we're trying to do with this is really an anti-poverty program. Bernie Sanders liked to refer to it as being a form of reparations. We think it something that's an effective way to battle poverty without putting gender or race or any other classification on it, nothing other than the income levels that exist in communities.

Mark Masselli: We're speaking today with Congressman James Clyburn Majority Whip and third ranking Democrat in the US House of Representatives. Congressman Clyburn, hallmark of your leadership in Congress has

been the focus in on addressing racial disparities. One thing that makes us smile is a recent study conducted by Yale concluded that the passage of the Affordable Care Act significantly improved access to cancer care for people of color, who typically suffer far worse outcomes. One of the things that we've been worried about is that too many of the studies that have done do not represent all of us.

One of the programs that we were involved in as our health center is the NIH All of Us initiative, really focusing on having a research study that represents the true color of America. I know you have focused intensely on this area of trying to make sure that not only the access in the treatment is there, but also the fundamental research, but I know you're working to make progress in this area. Could you talk a little bit about the work you're doing?

James Clyburn: Yes, I am, because we have to admit that we have not -- these clinical trials have not taken place with enough people of color involved in it. We come up with a lot of solutions based upon clinical trials that have not been broad enough to make solutions applicable to people from every walk of life. There's a reason my skin is the color that it is, and that needs to be taken into account when we're doing clinical trials. I am very pleased with the study of Yale. In fact, my granddaughter, who's now at the Medical University of South Carolina, did a summer up at Yale doing research two years ago, looking at diabetes, and why it is that diabetes is so much more prevalent among people of color than it is among others. We're not going to know the answer to those questions unless we make sure that the clinical trials or what -- and it could very well be because of the environment. Then we have to look and see why is it? Is it because of living patterns? All these living patterns voluntarily, or have they been forced? So yes, I do spend a lot of time trying to make sure that clinical trials include everybody.

Margaret Flinter: Well, Congressman, the house recently passed another groundbreaking measure, the Equality Act, seeking to advance protections for all Americans from discrimination of any kind, and particularly for the LGBTQ community. Maybe no surprise, there's been pushback against such protections in certain parts of the country. But tell us how this legislation will advance and protect basic civil rights for all Americans?

James Clyburn: This law is a great law, I've worked hard to pass it. Now, here's the thing that I think we have to be careful of in all these kinds of laws. This is the debate that we are having now with things like Medicare for all, and that is making sure that we put these bills together in such a way that nobody will feel that you are disrupting that which already exists. That is we would get on this battle for years. When I was Majority Whip before we had this issue, what we had to do was to make sure that the people in the civil rights community felt

comfortable that what we were doing with this legislation wouldn't uproot some of the laws that have already been built upon the 1964 Civil Rights Act and the 1965 Voting Rights Act. We took a lot of time to make sure that the civil rights community, the LGBTQ community that they were all got on the same page, and we finally got it done.

Now, the next step is for Mayor Pete Buttigieg to continue to run his campaign and the way he's doing it, and that will grow people's acceptance of these kinds of laws to further a cause that needs to be furthered. My own grandson is very actively involved in Mayor Pete's campaign. I was very pleased to see the maturity that he and his girlfriend are demonstrating in working in that campaign because they feel very strongly that this is a cause that must be put on the same level that the civil rights and fair housing laws were passed on. I feel good about what we did. I think that this campaign that Mayor Pete is running will add to it and I think by the time we finish the 2020 elections next year, we will have a much broader acceptance of these issues.

Mark Masselli: Well, that's making us all feel good, so thank you so much. We've been speaking today with Congressman James Clyburn Majority Whip and third ranking Democrat in the House of Representatives. You can learn more about his policy initiatives and his work by going to Majoritywhip.gov. You can follow him on Twitter @WhipClyburn. Congressman Clyburn, thank you for the dedication to lifting up all Americans for your lifelong commitment to public service to the values that are fundamental to a fair and just society and for joining us on Conversations on Health Care.

James Clyburn: Thank you so much for having me. I really enjoy it.

[Music]

Mark Masselli: At Conversations and Health Care we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what do you got for us this week?

Lori Robertson: Does the Amazon produce 20% of the world's oxygen? No. That popular factoid is incorrect. Scientists estimate the percentage is closer to 69%, and the Amazon ultimately consumes nearly all of that oxygen itself. On August 20th, Brazil's space agency sparked a media frenzy when it released satellite data showing an alarming number of wildfires in the Amazon rainforest over the past year. Nearly 40,000 or a 77% rise compared with the same time period in 2018. Most of the fires have started since June. As news outlets across the globe picked up the story, journalists began to spread this false but catchy

factoid that the Amazon produces 20% of the world's oxygen. Politicians then joined in, including Senator Kamala Harris, and French President Emanuel Macron, but scientists say the 20% figure is overblown. Not only is the number too high by at least half but it also obscures the fact that the Amazon consumes almost all of the oxygen it produces.

Plants suck up about half of the oxygen they produce as they, like humans, respire using oxygen to break down carbohydrates to grow and survive in the inverse reaction to photosynthesis. The remaining half or so of the Amazon's oxygen is consumed by other creatures, mostly micro organisms, which help decompose deadwood and other rainforest debris. The Amazon isn't critical because it makes oxygen for humans to breathe, that was largely done by phytoplankton in the sea over millions of years. Instead, it's because of the area's rich biodiversity, its vast stores of carbon and the way the forest influences the local and global climate.

The Amazon fuels the local wet climate as trees absorb water and then release much of it into the atmosphere as water vapor. In terms of limiting climate change, preserving the Amazon is incredibly important because of the immense amount of carbon stored within the forest. Scientists suspect an absent Amazon would alter conditions elsewhere on the globe, changing how heat is spread and where vegetation grows. That's my fact check for this week. I'm Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at www.chcradio.com, we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Asthma is one of the leading causes of trips to the emergency room for children. There are often a correlation between high density low income neighborhoods and more trips to the hospital for treatment and intervention. When officials at Boston Children's Hospital noticed the spike in asthma outbreaks in certain neighborhood clusters they decided to do something about it. They launched the Community Asthma Initiative they realize that if you could treat the environments in the patient's home that might reduce the need to treat the patient in the emergency room

Dr. Elizabeth Wood: The home visiting efforts work with children and families that have been identified through their hospitalizations and emergency room visits as identification of having poorly controlled asthma and also it's

a teachable moment.

Mark Masselli: Dr. Elizabeth Wood heads the program and says, the first step is to identify the frequent flyers. Those kids who make repeated trips to the emergency room. Then they match with the community health worker who visit their home several times and assesses the home for asthma triggers.

Dr. Elizabeth Wood: They work on three areas, understanding as much itself, understanding the medications and the need for control medications and then working on the environmental issues.

Mark Masselli: Families are given everything from HEPA filter vacuum cleaners to air purifiers. They are told not to clean with certain toxic products and the homes are monitored for the presence of pest or rodents. The result says Dr. Wood, has been pretty dramatic.

Dr. Elizabeth Wood: What's remarkable is that there was a 56% reduction in patients with any emergency department visits and 80% percent reduction in patients with any hospitalization.

Mark Masselli: While this program is expensive, there is a return on investment in reduced hospital costs and healthier children. The program has been so successful it's been deployed in other hospital communities around the country. The Community Asthma Initiative, a simple re-shifting of resources aimed at removing the cause of disease outbreaks in the community, leading to healthier patient populations, now that's a bright idea.

[Music]

Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.