

Surgeon General Vivek Murthy

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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret speak with U.S. Surgeon General Dr. Vivek Murthy, now in his second stint as the Nation's Doctor and a key member of the Biden White House COVID Response Team. They've unveiled an ambitious plan to prepare for vaccinating the nation's younger children aged 5 to 11. He talks about the pandemic, threat of coming flu season and the Nation's Opioid Crisis which has accelerated during the pandemic.

Lori Robertson checks in, the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain separating the fake from the facts. And we end with a bright idea that's improving health and well-being in everyday lives.

If you have comments, please email us at CHCRadio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. Now stay tuned for our interview with U.S. Surgeon General Dr. Vivek Murthy here on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Vivek Murthy, the 21st Surgeon General of the United States, the Nation's Doctor, he is the co-chair of President Biden's White House COVID Response Team. And he previously served as the 19th U.S. Surgeon General under President Obama.

Margaret Flinter: Dr. Murthy is Vice Admiral of the United States Public Health Commission's Service Corps commanding 6000 Public Health Officers around the country in the world. He's the author of 'Together: The Healing Power of Human Connection in a Sometimes Lonely World.' Dr. Murthy, welcome back to Conversations on Health Care.

Dr. Vivek Murthy: Well, thank you so much. It's really nice to see both of you again.

Mark Masselli: Dr. Murthy, Pfizer just released safety data on vaccines for older teens that 12 to 18 year old group, showing significant protective effect against severe diseases, hospitalizations and deaths about 97% efficacy. But there is still a large sector of unvaccinated teens.

I was surprised to see this recent Kaiser poll that showed only about 30% of parents of younger children plan to vaccinate their children right away. Obviously, more work, more education to do, as that is such a large gap. But once the vaccines are approved for all school aged children, will the White House be in support of State vaccine mandates for children?

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Dr. Vivek Murthy: Well, I'm glad you asked this question, Mark. And I want to put some of these numbers in context, because the 30%, you mentioned that parents who according to a recent poll are ready to go out and get their child vaccinated, today under 12, kids under 12 if the vaccine is made available. I want you to think about that in the context of this same poll that was done for adults, prior to an adult vaccine being available. It was somewhere in the neighborhood of about 35% of adults who said that they were ready to go out and get vaccinated once that became available.

But what happened, in the next few months, number one, the vaccine became available, and people had a chance to have their questions answered. And they saw family and friends who got vaccinated, and who did well. And so that's why today we've got 80% of eligible individuals in America who have either been vaccinated or ready to do so as soon as possible.

And so I think with it, when it comes to vaccine for kids under 12, once it comes out, we are going to focus heavily on making sure that not only do people have access to the vaccine through tens of thousands of places, doctor's offices, schools, pharmacies around the country, but also making sure that they have access to accurate information, which is why we're building a National Outreach and Information Initiative.

Margaret Flinter: Well, Dr. Murthy one date that is circled on the calendar is October 26. It's the day the FDA Advisory Committee is taking up the issue of the vaccines for the 5 to 11 year old group. And as you just referenced, a moment ago, this is going to be a little bit different and maybe rely much more on the vast network of pediatric practices around the country as well as Community Health Centers and hospitals. And I think you've promised smaller needles and shorter lines that will sound good both to the kids and to the parents.

But I'm wondering, how will this effort be different, I think this is new, really engaging the pediatric practices around the country. And I think some shied away from the complications of storage and ordering and reporting. What have you done to make it easier for this very widespread distribution, and in places that parents are used to taking their kids for vaccines?

Dr. Viveky Murthy: Yeah. Well, Margaret, the current plan that the White House has been working on to roll vaccines out to kids, even when the CDC and FDA recommend that this has been under development for a while, but it builds on the learnings that we have from the last year, where we've been distributing vaccine to adults and adolescents through a variety of channels from large scale events, to mobile units, to doctors' offices and pharmacies.

And one of the things that we know from parents and their feedback is that they would like to ideally get vaccinated in places that they're familiar with. They want to have conversations with people they trust, and it's why we're not only doubling and tripling down on our efforts with doctors' offices to make sure family docs and pediatricians can have vaccine in their office, but we're also making sure that when it comes to people actually getting information, they can get it from sources they trust, like their school teachers, there at school administrators, and their healthcare providers.

We've also been working with schools to setup On Site Vaccine Delivery options so that ideally, a parent could go to school, to get vaccinated, go to their doctor's office, go to a pharmacy, go to the local children's hospital. And the partnerships we're setting up are also ready to work with other community organizations like faith organizations to setup vaccination clinics.

So the motto here is "to leave no stone unturned." To provide options for people, to help them understand that we've got enough supply for all 28 million children, who have fall into the 5 to 11 range, and we'll stand ready to get those vaccines to kids and to their parents.

Mark Masselli:

Well, that's really great. And I know Dr. Murthy, we run around 200 school-based health centers, and I think that will be such a great value for parents. But there was some good news, the FDA just has given approval for the Moderna and the J&J booster shot, with a sort of an interesting twist, based on the study by NIH recipients can mix and match their booster vaccines. And this move offers consumers, I think a lot of flexibility, in particular, in the case of the Johnson & Johnson vaccine, much higher protective effect when mixed with mRNA booster such as Moderna or Pfizer. The CDC still has to approve this latest decision, but maybe help the public understand what all of this means.

Dr. Vivek Murthy:

There are four steps to this process that FDA's Advisory Committee meets. And second, the FDA makes a decision. Third the CDC's Advisory Committee meets. And then fourth, and finally, the CDC will make its recommendation. And that's how we move forward. We're more than halfway through that process. We're on step three, where the CDC Advisory Committee is meeting, when the FDA rendered its decision, and did provide authorization for boosters from Moderna and Johnson & Johnson recipients, who fall into a high-risk category. So that means people above 65, people with other illnesses like heart disease and diabetes that put them at higher risk, and people who live or work in places where they are at higher risk of exposure, to COVID-19, healthcare workers, grocery store workers and others.

But the mix and match is also interesting, because what they also authorized was for an individual who gets one of the three vaccines to

potentially get boosted with one of the other two vaccines. Now why is that important? Well, it does give people more flexibility. And we know that some individuals have wanted the choice to potentially get a separate one. We also know that logistically, if someone is in a circumstance where they can get one vaccine and not another, we want them to be able to get vaccinated, as opposed to foregoing a chance to get the protection, that a booster would provide. So the CDC, again is going to weigh in on this. So over the next couple of days, but that is what the mix and match was about, and that the data for that came from an NIH Study to look specifically at the mix and match. And at the end again, look around issues of safety, look at efficacy and that's what the FDA opined on.

Margaret Flinter: Well, Dr. Murthy, it's always on our mind that this COVID pandemic has already taken lives of 720,000 Americans, and we're glad to see the numbers are again, slowly coming down. But we're heading into winter, with colder temperatures, the holidays, you have such a powerful voice as the Nation's Doctor, what are you saying to people this fall, about how we prepare for this next phase of the pandemic which we know could involve a twindemic of both influenza and COVID. And I know people are going to be asking, this year, what can I do? How do I celebrate?

Dr. Vivek Murthy: Well, it's a great question, Margaret, and we are coming into a colder season. We know respiratory viruses do tend to spread during cold weather season. But there's something we have this winter that we didn't have last winter and that is millions and millions of people who are vaccinated. It's a big deal. You know in January, mid to late January we had about 2 million people in the country who are fully vaccinated. Now we have 119 million people who are fully vaccinated. Tens and millions of more who have got one shot and are on their way to getting fully vaccinated. And we're on the verge of having a decision around vaccines for kids under 12 which will mean potentially another 28 million people will become eligible for vaccine, so that is a big deal. It's a big reason why I think we will be better off than we were last winter.

But here is some things for people to keep in mind:

1) There is still 65 million people in our country who are not vaccinated. We need to make sure that they get protection as well. So talk to your family and friends, remind them that especially after everything we saw with Delta, it is not too late and more urgent than ever to get vaccinated.

2) Remember what we learned from COVID, about what helps you reduce spread, is still important for COVID and for flu. We know that wearing masks in indoor spaces help, we know that good hygiene is important. We know that ventilation is really essential, which is why

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the billions of dollars made available to schools to improve ventilation was so important.

And finally, remember this, we've got a flu vaccine too. It's really important that people take that as well. You can get it at the same time. So let that not be a barrier to stopping people from getting protected against both COVID and the flu.

Mark Masselli: We're speaking today with Dr. Vivek Murthy, the 21st Surgeon General of the United States. Dr. Murthy, the other pandemics that are rolling across the country are addiction and mental health problems and the epidemic of loneliness, which have been really core to the issues, for you as Surgeon General and was central to your theme in your very powerful book together. You know, these issues have reached a really critical mass during the pandemic. And we've seen over 100,000 overdose deaths, just in the past year. And recently, the American Academy of Pediatrics, just issued a sobering report that the mental health crisis among our young children has reached this critical tipping point. There has to be a better strategy for tackling these issues. I know you have plans, can you share with our listeners some of your thoughts about how we might address these very difficult, very important issues.

Dr. Vivek Murthy: Mark, I'm so glad you brought this up, because these are the issues they don't get nearly as much airtime as they deserve. But they are the silent pandemics, if you will, that are costing us in terms of lives, in terms of well-being, of both adults and children in our country.

We were struggling with mental health and substance use disorders long before COVID-19 came. But it has really dealt a significant blow, to many of those efforts, because, this has been an incredibly stressful time. People have been taken away from people and social connections, which is one of the forces that we lean on to help us during difficult times, people's care has been disrupted whether it's through medication assisted treatment, or whether it's the counselling services that they need during the pandemic. And so putting this all together, what you find is we've had an increase in overdoses and overdose deaths and why we're also seeing increased rates of anxiety and depression.

But I do think that the pandemic, both creates an opportunity as well as urgency for us to act. And we can do that thinking about a few things. One is, this still remains an urgent imperative to expand our treatment efforts, for substance use disorders and for mental health, and to integrate them with primary care, which is something that historically we have done very poorly as a country at a very fragmented system.

The second thing that it emphasizes to us is that we've got to invest in

prevention. We actually have programs that we know if instituted in schools can be remarkably effective at reducing substance use disorders and mental health concerns down the line. And they're also remarkably cost effective. When I issued the 2016 Surgeon General's Report on Alcohol, Drugs and Health, we actually detailed many of these preventive program, but they were not really invested in, in the years that followed in the way that our country really needs.

But finally, let's just keep this in mind. There is a cultural challenge that we have to solve here, which is that for far too long, we have looked at mental illness. We have looked at it as something to be ashamed of. And the result of that people have not come forward and admitted not just others, but sometimes even to themselves that they're struggling. And they've gone without help. And sadly, that's ended up far too often, in people losing their lives and their families have obviously suffered in the process. We can't afford to walk down that path anymore. We need to shift culturally on how we look at substance use disorders and mental illness across the board.

And finally, Mark and Margaret, we've got to realize that this is about more than preventing mental illness, it's also about recognizing that we have a lot we can do to enhance emotional well-being. It's sort of the difference between thinking about like one-half of the scale, which is about mental illness, but realizing if you're free for illness, it doesn't mean you're functioning at the top of your game. So we need to be thinking about how to invest in emotional well-being.

It's one of the reasons my office is actually working on an initiative around mental health for the country because we realize that, look, this is an opportunity for us to really double-down on our commitment and on our actions that we're taking to address mental health. But to really spur what I think is a deeper cultural shift that needs to take place that impacts not just policy, but how schools and workplaces design their curricula, and their work environments to ultimately promote well-being, support mental health and create the happy, healthy community that we need all across America.

Margaret Flinter:

Well, Dr. Murthy, I wonder if I can ask you to comment on another group that is really in distress. And that is a lot of nation's frontline healthcare workers. Certainly the COVID pandemic pushed people to their limits maybe 4000 healthcare workers actually lost their lives to COVID during the pandemic. But there is certainly evidence of some widespread clinician burnout.

And I wonder if your office and you are putting some particular thought or focus into how we address this in both address the burnout that may exist this today, but also build resilience for the future. We are not going to have a great healthy country without a great healthcare workforce. And this issue of building resilience and

preventing burnout seems to really require our attention and focus as well.

Dr. Vivek Murthy: Well, I really appreciate you bringing up clinicians and their well-being, the doctors, nurses, pharmacists, respiratory therapists, and others who have been on the frontlines in this pandemic, it really hit hard. And I should also mention it, the public health workers in our departments of public health all across the country have also been hit hard. They have put their lives at risk. They have worked extraordinary hours. They have done so on the face of just incredible demands and uncertainty and far too often, especially for our public health workers they have been bent actually with attacks, with political attacks with other abuses, which are really terrible, because we should be thanking them, not attacking them.

But with our clinicians in particular, look, this has been a problem that's been growing for years, in our country. We have an incredibly high rate of burnout among nurses and doctors. We have an extraordinarily high rate of depression and suicide. And it's not just because we need to equip individuals with better practices for self-care, but the deeper, but I think even bigger part of their problem is systemic and cultural.

We have a system setup in healthcare that is not really designed to provide doctors and patients the kind of time that they actually need with each other. We sort of overwhelm clinicians with paperwork and other administrative burdens at a time when their patients are asking, why don't I have more time with my doctor. And so we've taken a lot of the meaning out of medicine and healthcare. We've also operated in a culture that too often looks at any source of or sign of mental illness or struggle as a sign of weakness, and not being tough enough or not being able to cut it and get it done. And which is utterly counterproductive.

So if we really want to build a future where clinicians are taking care of, where we care for the people who have been caring for us then we will need to engage institutions, healthcare institutions, and healthcare educational institutions as well, in the work of changing culture and changing practice. They also have important roles that payers have here as well, because we know that so much of the administrative burden that clinicians are under, comes from payers as well. I'm talking about both private payers and public payers. So we've got to do better.

My office is working on this issue. We are actually looking to put together a blueprint for the country on clinician well-being that will lay out a pathway for what government, individual clinicians, healthcare institutions, payers can all do to help create the future that our healthcare workers need, and frankly, that all of us as patients

require.

Mark Masselli: Well, I think that prescription for healthcare workers will be very welcomed. And we look forward to it. Dr. Murthy, while the President has not issued a nationwide vaccine mandate he did issue a mandate for federal workers and federal contractors as well as businesses with a hundred employees or more. I've noticed recently that around the world and in particular, Italy has just issued a ruling that all people must be vaccinated before returning to work. And we've seen such positive results with mandates that have been put in place, what's the likelihood we might see a similar measure here in the United States?

Dr. Vivek Murthy: Well, it's a good question. The President's goal from the beginning, as he stated publicly, and to many of us privately is to ultimately make sure we get through this pandemic and protect people from the scourge of COVID-19. The vaccine really is the best way to do that. It's not just about protecting people's health, it's also about getting back to our way of life, make sure our kids can stay in school and making sure that the economy can actually function, making sure that we have the peace of mind, of knowing that we can see our family and friends and get together without worrying we're going to get sick.

When you look at other examples in our history of when we've had an illness, and then fortunately been able to develop a vaccine. The way we got to very high vaccination rates for measles, mumps, rubella, polio, is actually through vaccine requirements by in fact, nearly all of our schools in America require children to get a vaccine before they enroll. That's why we have 90 plus percent vaccination rates for those illnesses that I just mentioned. So vaccine requirements are not new, and they also are very effective.

It turns out just even with COVID-19 like the workplaces and institutions have put in requirements for COVID-19 vaccine, saw an average of 20% jump in vaccination rates, many of them pushing them to soar into the 90s of folks who were compliant with the vaccine requirements. So the federal government, as the President said, will use every lever it has to advance the vaccination effort, because that is essential to public health. That's what science and public health are telling us that they will do so in a way that's respectful of the law. What the President announced, he's absolutely within the jurisdiction of the federal government to require federal workers, for example, to get vaccinated, to use its authority with CMS, and its authority with OSHA, also ensure that our hospitals and our workplaces are safe as well.

So you're going to see more and more data, I think that comes out about how these vaccine requirements are in fact, really turbo charging and jumpstarting our vaccination rates to very high levels. And what that will translate to, it's just more protection across the

country.

And finally, just consider this, if you're a worker out there who's been a remote. And you're thinking about coming back to the workplace, certainly you want to know that the workplace is safe. If you're a child or a parent of a child who's coming back to school, we want to know that your school is going to be as safe as possible. We all want to come back to the shop, to work, to study in places that we know are going to be safe. This is why the requirements make sense. It's why so many localities and states are considering them as well.

Margaret Flinter: We've been speaking today with U.S. Surgeon General Dr. Vivek Murthy, Vice Admiral of the U.S. Public Health Commission's Service Corps. He's the author of 'Together: The Healing Power of Human Connection in a Sometimes Lonely World.' Learn more about his vitally important www.work@surgeongeneral.gov or follow him on Twitter @Surgeon_General or @vivek_murthy.

Surgeon General Murthy, we want to thank you for your dedication to improving the health and the well-being of our entire nation and for joining us again, on Conversations on Health Care.

Dr. Vivek Murthy: Margaret, thank you so much. And Mark, I appreciate it. Can I share one last thought? You know, that's been on my mind here.

You know, somebody asked me recently he said, "What keeps you up at night, with all of these efforts on COVID?" And thinking about it, what came out in this COVID effort for as long as I have, and I realize that the thing that concerns me most of the division and polarization that we've, in society right now, because it stands in the way of us getting people information they need, making sure people get access to life saving treatments and vaccines. And that's really a tragedy.

But to me, it points out something that COVID taught us, which is the importance of our connection with one another, our relationships with one another. When we were separated from people, we can see neighbors and friends and family members who reminded us that we truly do need each other. And we're better off when we have each other. When people were struggling in the course of pandemic, folks lost jobs and others were trying to figure out how to care for their children at home, while also teleworking. So many people have stepped up to help one another. That is actually who we are at our best. When we look out for one another recognizing we are truly stronger, when we're together.

But as I see, some of the forces out there that are lending themselves to polarization, some of the misinformation that's driving people to turn against one another, it worries me, because it means that we're the most important thing we need, which is stick by one another, is

something that's under threat, during one of the worst pandemics that any of us has seen.

I raised that just because I think it is up to all of us, in whatever role we play, whether we're in government or not, but it's incumbent upon all of us to think about what we can do to strengthen our connections, to ensure that we have environments where people can actually speak and dialogue honestly, though, respectfully recognizing we have a common mission here, which is to get through this pandemic.

Our enemy is the virus, it is not each other. And we have to make sure that the way we engage in dialogue with each other, the way we approach for decision making reflects the reality that we truly do need each other during this pandemic and we will long after it's over.

Mark Masselli: What an important message. Thank you for sharing.

Margaret Flinter: Thank you so much.

Mark Masselli: That again for all of your leadership.

Margaret Flinter: Thank you both so much.

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Mark Masselli: At Conversations on 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 U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Infectious disease experts say low vaccination rates, resistance to protective measures, such as wearing a mask, and the highly transmissible Delta variant are driving the recent surge of COVID-19 cases in the United States. But many Americans apparently believe immigrants are driving the rise in cases.

A recent survey by the Kaiser Family Foundation found that 55% of Republicans say immigrants and tourists bringing COVID-19 into the U.S. is a major reason for the high number of cases. There was a surge of new COVID-19 cases that began in mid to late summer. The number of new cases per day jumped from about 12,000 in mid-June to about 160,000 in late-August and early September, according to the Centers for Disease Control and Preventions COVID Data Tracker. Simultaneously, there has been a surge of illegal immigration at the Southwest border, with apprehensions of illegal border crossers, jumping from about 75,000 in January to more than 200,000 in July.

But experts say the latter is not driving the former. According to the

CDC, virtually all of the new cases emerging in the U.S are caused by the Delta variant. Emma Hodcroft, a researcher at the University of Bern in Switzerland and a co-developer of a virus tracking site, told us she hasn't seen evidence that Delta arrived from Mexico or South America. In fact, the dominant variants, south of the U.S. have been different from Delta and those variants haven't been dominant in the U.S. Instead, Hodcroft said Delta was "very likely" introduced from the UK and India initially and then the world soon after.

Dr. Michele Heisler medical director at Physicians for Human Rights agreed. She told us there was no epidemiological evidence that immigrants at the Southwest border were driving a surge in cases. Instead, the hotspots of infection in the U.S are locations that have very low rates of vaccination, she said.

In early August, the City of McAllen, Texas said Catholic Charities and American Medical Response identified more than 7,000 COVID-19 positive immigrants brought to the city since mid-February. Officials for the county that includes McAllen have said that while the surge of immigration has become a crisis, it's incorrect to blame immigrants for rising COVID-19 cases in the county. And 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, email us at CHCRadio.com we'll have FactCheck.org's Lori Robertson, check it out for you here on Conversations on Health Care.

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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. And 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 a spike in asthma outbreaks in certain neighborhood clusters, they decided to do something about it. They launched the Community Asthma Initiative. They realized 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 hospitalization's emergency room visits as an identification of having poorly controlled asthma, and also it's a

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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 visited their home several times and assesses the home for asthma triggers.

Dr. Elizabeth Wood: And they work on three areas understanding as much so understanding the medications and the need for control medications and then working on 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 pests 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% reduction in patients with any hospitalization.

Mark Masselli: And 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 being 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.

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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.

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