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Marianne O'Hare: Welcome to Conversations on Health Care. This week, we welcome House Majority Whip, Congressman James Clyburn on the Cancer Moonshot, community health center's growing role, and the Inflation Reduction Act.

James Clyburn: For the first time, Medicare's going to be able to negotiate lower drug prices. That's a huge deal.

Marianne O'Hare: Lori Robertson joins us from FactCheck.org. And we end with a bright idea, improving health and wellbeing in everyday lives. Now, here are your hosts, Mark Masselli and Margaret Flinter.

Mark Masselli: Our guest is the third highest ranking Democrat in the US House of Representatives. But for many, he's at the very top when it comes to advocating for accessible health care for all Americans. He's always been an effective, influential, but he gained new prominence in 2020 by endorsing Joe Biden for President right before the South Carolina primary, which then propelled Biden to winning the nomination.

Margaret Flinter: The Honorable James Clyburn is House Majority Whip, and represents the people of the 6th Congressional District in South Carolina. And he definitely has the ear of the President and his team.

Mark Masselli: Congressman Clyburn, welcome back to Conversations on Health Care.

James Clyburn: Thank you very much for having me back.

Mark Masselli: As one of the biggest advocates in Congress for community health centers, and we thank you for that support, and the over 30 million Americans who are served by community health centers across our country, thank you as well. Now, of course, your work is never done. A key part of providing that kind of health care requires Congress to pass the fiscal year 2023 budget. What's the latest? Is the continuing resolution going to happen?

James Clyburn: Well, you know, I started this battle -- I shouldn't call it battle, let's just say this venture with the community health centers more than 50 years ago. I recall back when Senator Fritz Hollings wrote his book *The Case Against Hunger*, we took that book as a foundation upon which [inaudible 00:01:57] comprehensive health care program, the [inaudible 00:01:59] health care program there. And I've been on a community health center journey ever since. And I've always had it as my goal to try to get a community health center that is located within commuting distance of every American, and so every time legislation comes forward on health care, I'm always trying to figure out how we can get community health centers to benefit from this legislation. And so it was in the Rescue Act, the Inflation Reduction Act, the

infrastructure bill, you go through all those bills, and you will see some attention being given to community health centers in order to make them more efficient, more effective, and more equitable in carrying out their duties and responsibilities.

And so I'm very, very pleased with what we've done. I am not pleased to the extent that I'm satisfied with where we are, because we're not where we need to be yet. But I'm a big believer in continuing the journey. I often tell people, if you go back and look at the Civil Rights Act that we talk about so often, 1964 Civil Rights Act, that act didn't come in one fell swoop. We got the '64 Civil Rights Act withdrawn in the private sector. We didn't get voted until a year later. We didn't get housing until three years later. And we didn't apply it to the public sector until 1972. So it was an eight-year period. And so it is with these community health centers. I am hopeful of building out community health centers throughout the entire country to reach our goal. I would say to people, "Look at the Rescue Act and see what we're doing there. Look at the Infrastructure Bill, the Bipartisan Infrastructure Bill we call it. Look at the Inflation Reduction Act, and let's see how this journey is going forward."

If you look at what we did with Medicare, for the first time Medicare is going to be able to negotiate for lower drug prices. That's a huge deal. Now, it's limited to certain pharmaceuticals, but we got to keep working to expand it to others. Putting the cap on insulin for Medicare recipients, it would help about 3 million Medicare recipients. But we got to keep working to put that cap for other people as well, such as we tried to do when the bill passed the House. So the community health centers, I think, especially when you look at the Infrastructure Bill and see what we did, making the Internet broadband I guess is the best way to put it, making broadband a big, big part of that so that we can connect these community health centers to teaching hospitals and other kind of entities to make them more efficient, make them more effective, and make them more equitable, this is a huge deal. Not all we need to do, but we got to keep on working.

Margaret Flinter:

Well, we thank you for those efforts, Congressman. And I know that you have had Republican champions to work with on legislation to support community health centers as well, that really has characterized the whole movement. But when we look at the enormity, the gravity of the challenges in health that face Americans, and we look at some of these innovations that have been funded over the last few years, and some of the needs, the children's mental health crises and the possibility of meeting those needs in schools, the health care workforce shortages and the possibilities of meeting that through programs like you just described with the teaching health centers, if you look into the future, are there particular areas that you feel the health centers need to address, and that you might be able to

get bipartisan backing to really support, especially in our current environment?

James Clyburn: Yes, I do. But I think what we've got to do is expand our focus a little bit. If you are talking about making all of these programs more efficient, more effective, then you've got to look at the delivery of them as well. How do we get doctors and nurses and other public health professionals out in these communities? Well, one of the ways we'll do it is to look at what we're doing now with student debt forgiveness for people who work in these kinds of facilities. Just look what we've done since 2020. The public service [inaudible 00:06:52] debt. Now remember, public service is not just if it's a public agency. You can work for private nonprofit, you can work for community health centers, and other kinds of programs like that, and you can get that debt that you incurred while going to college and your professional skills. I mean, you can be a doctor with a full-fledged degree, but if you work in these entities, work in these community health centers, you can get some of that debt forgiven.

We have done in the last 10 months \$10 billion in debt forgiveness for 150,000, maybe 175,000 people. A lot of these people are working in community health centers. So I have said to the community health centers all over South Carolina, "Let's take a look at this. Look at the people who are working for you. Let's get, make ourselves attractive to them by offering them to come into these centers and get all of this debt forgiven. And they will find very meaningful and enjoyable life experiences. A lot of these newer communities will welcome them with open arms.

Mark Masselli: Congressman, let me shift the conversation a little. President Biden recently provided details about the progress for the Cancer Moonshot, the effort to cut cancer deaths in half. And soon we understand he'll explain specifics about Federal funding to help us reach this important goal. But does the Moonshot need more rocket fuel in the form of funding as even some of the cancer advocates say it does?

James Clyburn: Absolutely. And I think all of us are familiar with the emotional attachment President Biden has to this. Biden was a very close friend of my late wife, who suffered for 30 years with diabetes, and finally, that's what took her life. And they talked about his son, Beau, and the Moonshot a lot. Because if you remember, Barack Obama first talked about this and named Joe Biden to sort of get it going because of his personal experiences. Both my parents died from cancer, my mother from multiple myeloma at a time when there was absolutely no cure, and eight months from the diagnosis she was gone. My dad died from prostate cancer. So cancer is a big, big deal, and there's not a single family in America that's not been touched by it. And we, for him to

make this kind of commitment to name the person with such a sterling reputation to launch it, I think that we are going to get the rocket fuel that's necessary to have a tremendous, and I think, successful blast off of this effort.

Margaret Flinter: And you're absolutely right, there's not a family in America that hasn't been touched by cancer. So, we are very excited about that. I wonder if I can turn to another topic, Congressman. The Democratic Party has seen really kind of a remarkable upswing and support following the Supreme Court decision to reverse the Roe v. Wade Constitutional right to an abortion. I think you made some headlines earlier this year when you campaigned for an incumbent antiabortion Democrat and said at the time that you don't think there ought to be a litmus test in the Democratic Party. But it also seems at the same time that you and Speaker Pelosi and the President are asking voters to apply a litmus test to the Republican antiabortion candidates. Can you comment on that for us?

James Clyburn: Oh I will gladly comment on that. Look, my father was a fundamentalist minister, and my mother was a beautician. They did not agree on the whole subject of abortion. My mother, you would call a pro, my dad was anti, but they both stayed married. My wife and I didn't agree on a lot of things, but we're still married 58 years by reconciling those differences.

So, I don't agree with everything that every Democrat has to deal with in his or her respective Congressional district. Now, the first thing you got to do, if you're going to solve these problems, is be in position to do that. And when you've got a candidate who is in your party, especially an incumbent, and you have looked at his or her district and you know fully well that certain positions must be moderated, why is it that you see all of these Republicans now taking this antiabortion stuff down off their website? They're now moderating their positions.

So yes, I did. Nancy Pelosi, you cannot say that she is antiabortion, she also supported Henry Cuellar, the candidate that you are referring to, because it is a number that we need to maintain if we're going to stay in charge with the majority to get these problems solved. So I am very pro choice. I'm the father of three daughters, and they call me daily. And I'm not going to do or say anything that will stop the telephone call from coming.

Mark Masselli: That's great. You're always trying to find the seam of opportunity where you can work together with people, and we appreciate that. Let me just focus on something you were talking about a little earlier about prescription drugs. The President and the Democrats are taking a victory lap for passing the Inflation Reduction Act. And as you know, drug makers are still upset about the part of the act that aims to

reduce prescription drug costs. And the industry says, and I quote, "Will lead to fewer new treatments, and doesn't do nearly enough to address the real affordability problem facing patients at pharmacies." I'm wondering if we could get your response to that statement.

James Clyburn: I'm not too sure I know exactly what that means. I know this. I know that the costs of pharmaceuticals need to be reined in. I know what my late wife went through for 30 years with the price of insulin. Insulin has been around for more than a hundred years, and we have done the research that the pharmaceutical companies can still make money with a \$35 per month check. So why was my late wife's insulin bill \$800 a month? She was a full shot a day diabetic. When you've got people cutting pills in half, passing up insulin treatments in order to afford meals, that should not be in this country.

And so nobody is more supportive of the pharmaceutical industry than I am, because that's where the research has got to be made. I support their research. In fact, the Medical University of South Carolina named their research center in my honor because of the work I've been doing so that we can get a handle on cancer, get a handle on diabetes, multiple sclerosis, and cystic fibrosis, and all of these things that still plague us. We have to depend upon the pharmaceutical industry to get that done. But at the same time, they have to look at this cost, and they've got to deal with the issue of why it is that it's costing so much for these things here in the United States of America, and you go one step out of the country at our northern border and it's costing dramatically less. There is something that has to be reined in here, and I think that all of us need to commit ourselves to doing it.

Margaret Flinter: Well, Congressman, the recently passed legislation that Mark referred to, also includes billion for environmental justice block grants, and we have all been riveted by reading and watching or living through what's been happening in Jackson, Mississippi, in a Black majority community when the infrastructure for safe water has been neglected, and it collapses. It reminds us of what went on in Flint, Michigan just a few years ago. And we wonder, do you think we're really looking at systemic racism in the water infrastructure in the United States, and is this legislation going to go far enough to treat this not as an isolated problem, but as a countrywide problem?

James Clyburn: We're doing a lot funding-wise. That's not been a problem in Jackson, Mississippi. That was not the problem in Flint, Michigan. We talk about Flint, the Highland Park, Michigan right next door, in fact I'm going to be in Michigan, and I'm going to deal with this issue there because I think it needs to be dealt with. The policies that we have, they put politics above people. Political decisions led to that problem in Flint when they changed the source of the water, and then many

people knew. There have been indictments coming out of that. And a lot of people say the Governor of Michigan should pay a price for making some criminal decisions. In Mississippi, the Governor vetoed legislation that would have solved much of the problem in Jackson, Mississippi. And that, to me, is what the problem is. No, we aren't getting enough funds out there to do it all, but we are getting enough funds out there to prevent some of this from occurring until we can fix the bigger problem. But you aren't going to do it if you've got the governor making political decisions, vetoing the stuff because it's 82% African-American community. That's the only reason it's there. And there's nobody in America who would believe that if the capital of Mississippi were 82% white they would have this problem. I don't believe anybody would believe that.

Mark Masselli: Congressman, Bipartisan Congress did pass a gun safety bill. But we still lack comprehensive gun control legislation, including a ban on military style semi-automatic rifles and universal background checks. Can you tell us if voters put Democrats back in power can they expect further action on guns?

James Clyburn: Yes, we do. I represent the entire peninsula of Charleston, South Carolina. Emanuel AME church is in my district. Those nine poor souls that lost their lives there, I knew seven of them personally. This is a very, very personal issue with me. And I think if we are going to continue to pursue gun safety laws, nobody is trying to violate the Second Amendment. But this notion that the First Amendment of free speech can have constraints on it, but the Second Amendment to own a gun, cannot have constraints, that is foolhardy. And if you read some of the Supreme Court decisions, Scalia, the late Justice, nobody was more conservative, I thought when he was there, than he was. He made it very clear that the Second Amendment has constraints.

And Democrats are committed to having good, safe gun laws in order to protect people. And there is no argument that can be made for an assault weapon being in the hands of an 18-year-old without the proper background checks. In fact, they shouldn't have them at all. We should outlaw as we did before the assault weapons being on our streets. So yes, Democrats by and large. There's not a 100% of Democrats that are for this, and there's not a 100% of Republicans that are against it. So what we've got to do is reach out across the aisle in a bipartisan way to ban these weapons in the hands of people on the streets.

Margaret Flinter: Congressman, you also chair the Select Subcommittee on the Coronavirus Crisis, which just released a report, and it presented extensive new evidence of the Trump White House's pressure campaigns that targeted the Food and Drug Administration's Coronavirus response. We certainly heard about pressure with CDC.

What safeguards is your subcommittee thinking about that might be put in place to protect FDA and CDC going forward from that kind of pressure?

James Clyburn:

The fact of the matter is this fits into a larger scheme. While we are seeing the Coronavirus subcommittee, a lot of the previous administration's personnel were dedicated to circumvent the law, they were dedicated to ignoring standards, doing things that didn't make a whole lot of sense when it comes to health care, it was this whole notion that democracy is no longer a pursuit of the American people, but autocracy ought to be the order of the day. And so these kind of autocratic decisions that were made when it came to health care, the whole herd immunity notion, making recommendations for health care, or attacks on this virus that made absolutely no sense, this kind of craziness seemed to have overtaken Washington for a brief moment in time.

Let's hope that that's been arrested now, and that we can begin to get back on to our pursuit of a more perfect union, let the professional decisions on health care [inaudible 00:20:31] the doctors, the nurses, the people who have committed their lives to making sure that people stay well. These are the people that we ought to be listening to. And so what we have uncovered with this committee was that the profit motive overtook everything. Autocracy seemed to have seeped into the system, and we will be making recommendations at the end of the year as to what we think needs to be done to protect against this going forward.

Now, at the same time, you got Bennie Thompson on January 6 Committee, pursuing the same kind of efforts as it relates to democracy as a whole. And then, hopefully the Justice Department will do its job in weeding out this cancer that has seeped into our system. So, we need more than one Moonshot to take place if we're going to continue this pursuit of a more perfect union.

Mark Masselli:

Congressman, we hate to ask anyone an age question. But you probably have seen the latest CBS News poll that found 73% of Americans want age limits for elected officials. I'm wondering if that outcome surprised you. What does it say about how we think about the skills and values of older Americans to serve in all kinds of roles?

James Clyburn:

Well, you know, it didn't surprise me at all. But I will say this, I think that when it comes to carrying out public service, there must be a healthy balance in knowledge and strength. It's biblical. My grandson is running my reelection campaign, because he has the strength to do so. But I don't think he can do as well as he can, without the knowledge that he gets from his Granddaddy. So I just believe that there must be this healthy balance of strength and knowledge, and you find it in the Democratic Party. If you think for one moment that

Nancy Pelosi makes all the decisions in the party, you have never met Hakeem Jeffries, or many of the others in our caucus because we are around the table with a healthy balance of wisdom and strength.

Margaret Flinter: Congressman Clyburn, we want to thank you for your public service, for your commitment to health care. And thank you to our audience for joining us to listen today. You can learn more about Conversations on Health Care and sign up for our updates at www.chcradio.com. Congressman Clyburn, a pleasure to have you here, and an honor--

James Clyburn: Thank you.

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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 health care 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: As the virus that causes COVID-19 has evolved, the vaccines have become less effective in preventing symptomatic infection, but they remain highly effective in preventing severe disease and death. We've seen several examples of anti-vaccine influencers misrepresenting this shift by falsely claiming that it means the vaccines don't work. The fact is viruses mutate or change as they replicate. The vaccines made by Moderna, Pfizer, BioNTech, and Johnson & Johnson, were highly effective in preventing both symptomatic infection and serious illness against early strains of the virus. Large clinical trials showed that the ability to prevent symptomatic illness was high, but the vaccines are now less effective against infection from the currently circulating subvariants of the Omicron variant.

That's why the FDA authorized new booster shots formulated to specifically provide protection against two Omicron subvariants. The boosters became available in September. Dr. Peter Hotez, co-director of the Center for Vaccine Development at Texas Children's Hospital, told us that COVID-19 vaccine effectiveness has shifted with each new variant of the virus. Waning effectiveness is due to both changes to the virus, and the natural decline in the potency of vaccination over time, which happens with most vaccines.

The CDC has noted this waning immunity and its recommendations for booster doses. The agency says that being up-to-date with vaccination, offers significant protection against severe disease. Being up-to-date means that you've gotten the primary series of vaccine doses and any boosters that are available for your age group. For March 20th through May 31st of this year, hospitalization rates for

unvaccinated adults, were 3.4 times higher than the rates for vaccinated adults. As for the new Omicron specific boosters, the CDC recommends the Pfizer-BioNTech version for those 12 years of age and older, and the Moderna version for those 18 and older.

And that's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

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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 www.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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Margaret Flinter: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. It's no secret that baby boomers are aging in large numbers, and that means that those suffering from age-related dementia are on the rise as well. Four million Americans live with Alzheimer's disease, and we know that number will double by 2025, no cure and few drugs that can stave off its devastating effects. Daniel Cohen has devised a tool that is improving the experience for these patients whose quality of life declines along with the loss of brain function. He wondered "What will happen if you provide iPods for patients in nursing homes that are loaded with their own personal playlist of the songs they loved when they were younger?" In his first pilot program called Music and Memory, patients in a nursing home were given the iPods with their own personalized song list, and the results, instantly noticeable. Patients went from being noncommunicative and disengaged to being animated and engaged. Patients like Henry featured in this documentary on the program called Alive Inside.

Daniel Cohen: Do you like music?

Henry: Yeah, I'm crazy about music. And you play beautiful music, beautiful sounds.

Daniel Cohen: But, what was your favorite music when you were young?

Henry: I guess Cab Calloway was my number one band, yeah, yeah, like.

Daniel Cohen: What's your favorite Cab Calloway song?

Henry: Oh, "I'll Be Home For Christmas. You can plan--

Margaret Flinter: Cohen explains one of the theories as to why this program works so

well.

Daniel Cohen: The reality is because our memories of music are co-located in the brain with our autobiographical memories, when you play a song that's familiar, you're kicking off memories that you had. We've done some research, and the feedback from the frontline, from the nursing homes, and from the staff is that their ability to provide care is facilitated, and so that allows them to get their job done, to pay attention to all the residents as much as possible, and that's been a big win as well.

Margaret Flinter: A simple personalized application for a readily available piece of technology that could dramatically impact the quality of dementia patients' lives, now, that's a bright idea.

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Mark Masselli: I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

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Marianne O'Hare: Conversations on Health Care is recorded in the Knowledge and Technology Center Studios in Middletown, Connecticut, and is brought to you by the Community Health Center, now celebrating 50 years of providing quality care to the underserved, where health care is a right not a privilege, www.chc1.com and www.chcradio.com.

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