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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 House Majority Whip Congressman James Clyburn, third ranking democrat in Congress, and Chair of the House Select Subcommittee on the Coronavirus crisis. Congressman Clyburn a long time activist for Civil Rights talks about the current climate of dramatic change, the need for cohesive federal policy to contain the pandemic, and the momentum currently at play behind transforming America's policing strategies in the wake of George Floyd's murder.

Lori Robertson also checks in, Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and well being in everyday lives. If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcasts. You can also hear us by asking Alexa to play the program. Now stay tuned for our interview with U.S. House Majority Whip James Clyburn here on Conversations on Health Care.

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Mark Masselli: We're speaking today with House Majority Whip, South Carolina Congressman James Clyburn the third ranking Democrat in the U.S. House of Representatives. Congressman Clyburn was elected in 1993, serving as Chairman of the Congressional Black Caucus and also Chair of the House Democratic Caucus. He currently serves as chair of the House Select Subcommittee on the Coronavirus crisis.

Margaret Flinter: A lifelong Civil Rights activist Congressman Clyburn wrote a memoir of his life's work, Blessed Experiences: Genuinely Southern, Proudly Black. It's hailed as a primer for anyone considering going into public service. We note that the Congressman was also this show's 500th guest on our 10th anniversary last year. Congressman Clyburn, welcome back to Conversations on Health Care.

James Clyburn: Thank you very much for having me.

Mark Masselli: Oh, it is great to have you back too Congressman. We last spoke, as Margaret said about a year ago, and I think it's fair to say that everything has changed in our world. We're in the deep throes of a triple pandemic. COVID-19 has gripped the world global health crisis that has also created unprecedented economic crisis. On the heels of those two realities, the brutal police killing of George Floyd and many

others has sparked protests and revolts. I'm wondering, as one of our preeminent statesmen who's fought in the Civil Rights Movement throughout your career, if you could describe this time in maybe ways that people can navigate through them.

James Clyburn: We are at an inflection point in this great country. I've been talking a lot about who and what we are as a nation. We all grew up pledging allegiance to the Flag of Liberty and Justice for All. All of us are aware that that's a vision. The writers of the constitutional principles by which this country was built made it very clear that every effort that we would undertake will be in pursuit of a more perfect union. In fact, I don't think we've ever pursued it without a lot of fits and starts.

All of a sudden now it seems as if the majority of the American people seem to be saying, it is time for us to make a serious effort toward that more perfect union to deliver liberty and justice for all. Having been there in the 60s, saw some idea the day John Lewis and I met back in October 1960 and spending time with him in the Congress. We often talk about our challenges back in the 60s and compare them to what's going on now. If I get a chance to talk to John this week, I'm going to ask him that question that you just asked me. I would get some interesting reactions from him.

Margaret Flinter: If COVID-19 has done anything it has certainly clarified the depth of racial injustice and inequity entrenched within the American healthcare system. People of color have been far more likely to contract the coronavirus, three times more likely to die from it. We have the highest COVID death count in the world a 120,000 Americans, and we don't see an end in sight to that yet. Despite all of this the administration has publicly boasted about scaling back testing to make the numbers look good. You wrote a letter this week to the Vice President Pence, to HHS Secretary Azar, and CDC Director Redfield, and asked them to clarify why they would do this. What is it that you're seeking from the administration in response?

James Clyburn: If you recall within hours of him making the statement much of his staff, the spokespeople, were saying he was only joking. That to me was serious enough to be joking about something like this. But then he pushed back on his saying he meant what he said, it was not a joke. If it were not a joke then we really need to get an explanation, because the fact of the matter is we know that in order for us to harness this pandemic, if we're going to bring this under control, we got to identify where it is, so that we can do the isolation that is necessary and so that we can have the treatment that is necessary.

If you don't test you'll never be able to get the information that you need to deal with it. That letter is saying to the Vice President, since he was put in charge, explain to us exactly what you're talking about, because we're appropriated monies over $2 trillion already, the

HEROES Act. We know from the Chairman of Fed Chairman Powell said that $3 trillion may not be enough. We don't know how much the American people are going to sacrifice on this, but I think it's a big enough number for us to get some serious answers to the serious issues that we are facing.

Mark Masselli: You know Congressman, you've been a long proponent of expanding the growth of community health centers in this country, really is a way to address some of the entrenched racial disparities in the health care system here. Now, we're seeing millions of Americans who've lost their jobs and subsequently their health care and we see this greater potential for community health centers to fill a gap. Also the coronavirus has led to this incredible and dramatic increase on the use of telehealth.

I know you have created a congressional task force to expand broadband access across rural parts of the country so that more Americans can take advantage of this to, in essence, make this a public utility, if you will, to make it available to everyone. I'm wondering if you could talk about the work of the task force how you'd like to see vulnerable Americans gain access both in urban and rural communities to these vital services. I now also the reason that you're doing this is because there still exists a digital divide in our country between the haves and the have-nots, and they simply won't be able to access this important telehealth service.

James Clyburn: Absolutely. If there is anything to be exposed it has been our health care delivery system. Many of us has been talking about it for a long, long time. In fact, Martin Luther King Jr. back in 1966 called attention to the fact the worse inequality to exist is the unequal treatment in health care. We have to now get serious about how are we going to deliver health care to everybody. I've been saying for some time now that we've got to make the greatness of this country. Our health care system is a great system, but we got to make it accessible and affordable to everybody.

Now, there's only one way to do that in my opinion, is for us to build out broadband in this country because we're not going to deliver health care efficiently and effectively without telehealth. You're not going to be able to educate our children adequately without online learning. We've already experienced a half year of school loss by a lot of our young people and what so, to me, onus about that is the fact that the schools continued to provide online learning. Those with access to internet continued to learn. Those who did not dropped off the scene so to speak.

Here in South Carolina, thousands of children did not have any contact with their teachers or any kind of educational pursuit during this three-month period. Now, we are about to go into another school

year. Many of those students have not test out and so therefore the proficiency required to go to the next school year, they're not going to get it and so they are going to be left behind. What's going to happen to those kids? They'll be two years behind, and we know what that's going to lead to. Broadband deployment is a must, if you're going to have good healthcare, if you're going to have adequate education for our children.

Margaret Flinter: Well, Congressman Clyburn there's another firestorm raging across the country right alongside that, that's been ignited by the recent police killing of George Floyd. You yourself have marched for equality and civil rights for decades but you've said that this time something is different and that in the past Americans talked at and over each other on matters of race. But now, maybe people are actually talking to each other on this issue that has framed so much of the American story since the first pillars of our nation were hammered into place that gave rise to this entrenched racism that we see today. What gives you hope that this might be the time for real change at last?

James Clyburn: All of this is going on, as we've been commemorating a lot of interesting things. One of which is the final day of slavery for African-Americans in this country. Juneteenth came about as a result of General Grange's entrance into Texas to let the slaves know that they were free. That was June 19, 1865 further months after the Emancipation Proclamation came into effect. Also, this past week we commemorate the fifth anniversary of those poor souls who lost their lives in the basement of Emanuel AME Church. All of a sudden now I see Senator Mitt Romney marching in the streets of Washington, DC and mouthing the words, I'm here to make it know that Black Lives Matter.

None of us, I don't think there's a single soul who would have thought two years ago, they would see that phrase become a rallying cry, not just across America but around the world. I think this mentioned, and that's what it was, of George Floyd I think that opened a lot of people's eyes. When you see it one picture is worth a 1000 words, that picture spoke loud enough. That's why I have been saying we cannot allow this effort to get hijacked the way the effort back in the 60s got hijacked. That is one thing John Lewis and I have talked about a lot. We were founding members of the Student Nonviolent Coordinating Committee, we talked about often as to how that got hijacked.

We woke up one morning after doing great work all of a sudden burn baby burn in all the headlines frightened people away. This time someone is trying that again with Defund the Police. Nobody wants to defund the police. What we want to do is bring attention to the fact that we need to reform police and we got to reimagine what policing

is all about. We got to get away from the slave patrols which gave rise to what we now call policing. I think people are beginning to talk to each other, talk with each other, walk hand in hand together, giving great meaning to that motto that we use E Pluribus Unum, out of many one.

Mark Masselli: We're speaking today with House Majority Whip South Carolina Congressman James Clyburn. He served as Chairman of the Congressional Black Caucus and is Chair of the House Democratic Caucus. I want to, Congressman, put the issue of police brutality in the country in larger context. You mentioned Juneteenth, but we just recently saw the President who initially had scheduled a rally in Tulsa, Oklahoma on that day moved it to the day after, as you know, Tulsa was the site of the bloodiest massacre of African-Americans in a single day.

In the midst of all that the President signed an executive order on police reform. It seemed like it was co-opting a bill that a number of your colleagues in the Congressional Black Caucus had been working on for years. You say the executive order though falls short of delivering on the full intent of the House Bill. I'm wondering if you could just illuminate for our listeners what the House Bill was seeking to achieve, and where do you think we are in terms of seeing a more robust legislative action around police reform?

James Clyburn: Well, thanks for bringing that bill up. We're going back to Washington and we're going to vote on this bill and we're going to pass it. Now the Senate is going to vote on a version of police reform that I think falls short. Nobody's paying much attention to the President's executive order. It is miserably short of anything that anybody wants to deal with. Hopefully, we can find some common ground. Now when you pass in legislation, the House of Representatives is one third of the equation. The Senate is the second third. The White House is the third-third. Now if you got one third of the equation, and two thirds, you've got to negotiate with. It simply means we by definition will not get everything they've got in this bill. But hopefully we can get enough support from the American people to speak to the Senate and to make this President aware of the fact that he's just signed something other than an executive order if you're going to have legislation to outlaw the chokehold, you can't say we encouraged you to outlaw it. We need to outlaw the chokehold. We need to outlaw no not [inaudible 00:15:32]. We need to change the law on qualified immunity. We need to de-militarize our police.

Now you take a person like Hank Johnson, ever since he got to Congress over 10 years ago he has been crying that we need to de-militarize the police. He's had legislation to do that. Hakeem Jeffries had legislation to get rid of the chokehold. Senator Richmond has

been working on qualified immunity issues. All these things have been out there for a long time, you've now wrapped them into one piece of legislation. If you look at this piece of legislation, you will get a pretty good idea of some of the things the Black Caucus have been working on for the last 20 years.

Margaret Flinter: Well, Congressman, in the community health center world, we've really focused on health equity and try and train both our current clinicians and teams, but also the next generation that we train. There's an effort to really incorporate the social determinants of health into how we deliver primary care. One of the loudest cries that's come forward after George Floyd's murder has been to defund the police as you've said. But some people say what this really means is take money that we use to train police officer and militarized tactics and move some of that money to address the social challenges that impact communities of color then certainly contributes to the discrepancies we see in health outcomes. But how do you envision reallocating those police resources to be better used, maybe more upstream or used by other people with different kinds of training?

James Clyburn: I would like very much for us to analyze these police budgets and see what requests have been made over time. For instance, I can remember when we decided to close down all of our mental institutions, a lot of police budgets were increased in order to deal with that issue. They ought not be dealing with mental health issues. The social work agencies should have gotten that increase in funding, and that's what we need to do now. The same thing goes with homelessness. Most people are going to jail for a lot of them being homeless so that's a part of the policing budget that needs to be redirected.

Drug addiction is an illness we say it's an illness, but then we keep treating it with the criminal codes. We need to rip all that money out of policing, and put it in the appropriate agencies. We've got these agencies, they are being underfunded while we are increasing funding to police, so to me that's what we need to do. I say to all my friends, that's not defunding the police, that's reforming the police. We ought not use these terms that we know will incite people. We ought to keep saying what we mean. I always say in this business, if you explain it you're losing. If you've got to explain what you mean, you're going to lose the argument.

Mark Masselli: Well, clarity really matters in these times. I was just trying to pick up on some of the threads you were talking about. We've got this presidential election year upon us six months away or less. We're heading into the summer with a number of coronavirus hotspots growing potential come the fall and perhaps the second wave. We have appropriate protest going on around the country. We still have

inadequate testing, contact tracing, public health support. I know you're at the center of so much of these conversations as a chair of the House Select Committee on Coronavirus. I know you have some strong thoughts about the resources that we need to deploy there. I would like to hear a little bit about that but really because you believe in clarity, what do we think what should Americans expect to see accomplished over the next couple of months because as that presidential season comes the legislative days seem to shrink and they go by very quickly. Yet our country is -- [Crosstalk]

James Clyburn: I am very glad that you asked that question. I'm glad that you framed it the way you did because until several days ago I really thought that we were going to get to a point very soon when this virus would be under control, and we would be able to get to a new normal rather quickly. I don't think that today. I feel very strongly today that COVID-19 is with us for a while. We are not going to get this under control until there's national leadership that hit nits what it is that we are dealing with, that we'll sit down and do a coordinated approach that covers all 50 states and plus the territories so that we can have a national approach to this issue. There's not one single part of the United States of America that's not been touched by COVID-19 and we're not going to resolve this until we have a national comprehensive approach to testing, contract tracing, isolation, and treatment.

Let me say this as a full warning, having been one to remember the debate over the polio vaccine. I was around when there was a big argument as to who got what vaccine. A lot of people remember Jonas Salk, he was first with the vaccine. But then along came Albert Sabin who came up with a better vaccine on two fronts. Jonas Salk required a shot. People were afraid of needles. Albert Sabin, a little drop of serum on a lump of sugar. Now, guess who got the drop of serum on the lump of sugar and who got the shots? Well, I remember that debate. That's part of what I'm preparing my subcommittee for right now.

If there is a vaccine and which would it be, because we'd probably have more than one vaccine, you've got what 19 countries trying to develop vaccines? There could very well be two or three vaccines coming up right around the same time and some will be more favored over the other one. We've got to look at three words when we deal with this COVID-19, efficiency, effectiveness, and equity, those three words. Are we going to spend this money efficiently? Are we going to spend effectively? Will we spend it equitably? That to me is what we need to work on.

Margaret Flinter: We've been speaking today with House Majority Whip Congressman Clyburn, the third ranking democrat in the U.S. House of

Representatives. You can learn more about his important work advancing civil rights by going to clyburn.house.gov or follow him on Twitter @WhipClyburn. Congressman, we want to thank you so much for your lifelong commitment to service to the public to your dedication to advancing Civil Rights and for joining us once again on Conversations on Health Care.

James Clyburn: Thank you very much for having me.

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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: Does vitamin D help protect against COVID-19? Some scientists have hypothesized vitamin D might be helpful, but there is no direct evidence that vitamin D can prevent COVID-19 or lessen disease severity. Nevertheless, experts say it should be part of a healthy lifestyle. In a March 23 column for example, former Centers for Disease Control and Prevention Director Dr. Tom Frieden wrote, “The science supports the possibility although not the proof that vitamin D may strengthen the immune system, particularly of people whose vitamin D levels are low”. The idea stems in part from experiments that have found that the vitamin which is synthesized in the skin after sun exposure and is found in select foods is used by the immune system.

Some research also suggests vitamin D supplements might protect against respiratory infections especially if someone is deficient in the vitamin. Many of the people most affected by the coronavirus such as the elderly and minority populations tend to have lower vitamin D levels, but experts caution against over interpreting preliminary correlation or hypothetical mechanisms. Pennsylvania State University nutrition researcher A. Catherine Ross told us associations are not the same as cause and effect and the evidence either for or against vitamin D and COVID-19 is, “extremely weak”.

A rapid review from Oxford University's Center for Evidence Based Medicine found, “no clinical evidence that vitamin D could prevent or treat COVID-19.” Another review on the topic published by nearly two dozen nutrition experts in BMJ Nutrition, Prevention, & Health recommended avoiding vitamin D deficiency, but warned against taking high doses of the vitamin. The authors wrote, “As a key micronutrient vitamin D should be given particular focus, not as a magic bullet to beat COVID-19 as the scientific evidence base is

severely lacking at this time, but rather as part of the healthy lifestyle strategy to ensure that populations are nutritionally in the best possible place." Thus, while it's a good idea to get enough vitamin D pandemic or not, it's too early to say that a lack of vitamin D makes COVID-19 worse or that supplementing with vitamin D provides any protection against the disease. Several randomized control trials are in the works which may reveal a more concrete answer. That's my fat 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.

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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. Pregnancy is normally an exciting time for most women, but according to the research an estimated 10% of prenatal women experienced some kind of depression during their pregnancy and many are reluctant to treat their depression with medication for fear of harming the fetus.

Dr. Cynthia Battle: In fact, a higher percentage are experiencing lower grade depressive symptoms, so they might not meet the full criteria for major depressive episode, but they're having significant symptoms that are getting in the way of feeling good. Left untreated, those mild to moderate symptoms can progress in some cases lead to a more serious postpartum depression.

Mark Masselli: Dr. Cynthia Battle is a psychologist at Brown University with a practice at Women & Infants Hospital in Providence. She and her colleagues decided to test a cohort of pregnant women to see if a targeted prenatal yoga class, which combines exercise with mindfulness techniques might have a positive impact on women dealing with prenatal depression.

Dr. Cynthia Battle: It was a typical kind of Hatha yoga that would include physical postures, breathing exercises, meditation exercises. We enrolled 34 women who were pregnant, who had clinical levels of depression. They all had medical clearance from their prenatal care providers, and they would come to classes and we measured their change in depressive symptoms over that period of time.

Mark Masselli: Not only were women able to manage their depressive incidents, they also bonded with other pregnant women during the program and

found additional support from their group.

Dr. Cynthia Battle: The initial signs from this research are really encouraging, so we found that women on average were reporting that they were reporting much less.

Mark Masselli: A larger study with control groups is being planned with the assistance of the National Institute of Mental Health.

Dr. Cynthia Battle: Women who are depressed during pregnancy unfortunately do often have less ideal birth outcomes. One thing we're interested in seeing is when we provide prenatal yoga program can it improve mood and then can we even see some positive effects in terms of the birth outcomes?

Mark Masselli: A guided non-medical yoga exercise program designed to assist pregnant women through depression symptoms, helping them successfully navigate those symptoms without medication, ensuring a safer pregnancy and a healthier outcome for mother and baby. 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.

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