

Leana Wen

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 a great minds who are shaping the health care of the future.

This week Mark and Margaret speak with Dr. Leana Wen, emergency room physician, former Baltimore Health Commissioner and Medical Analyst at CNN who has been helping them cover the pandemic. Dr. Wen has a new book out *Lifelines: A Doctor's Journey in a Fight for Public Health*, in which she shares her quest for improving public health to address everything from the pandemic to gun violence, opioid and other addiction issues in health and equity.

Lori Robertson checks in the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing 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 podcast. You can also hear us by asking Alexa to play the program. Now, stay tuned for our interview with Dr. Leana Wen here on Conversations on Health Care.

Mark Masselli: We're speaking today with Dr. Leana Wen, Emergency Physician and Professor of Health Policy and Management at George Washington University School of Public health. She's a senior fellow at the Brookings Institution and previously served as Baltimore's Health Commissioner.

Margaret Flinter: Dr. Wen is a Medical Analyst for CNN and she a contributing columnist to the Washington Post. She is the author of many papers and several books including her most recent *Lifelines: A Doctor's Journey in the Fight for Public Health*. Dr. Wen we welcome you back to Conversations on Health Care today.

Dr. Leana Wen: Thank you very much. It's great to be back. Thank you for the work that you both have been doing during the pandemic.

Mark Masselli: You know, there were so many powerful quotes in the book, but the one that really grab me was "public health save your life, you just don't know it." You know, that if the COVID-19 pandemic did anything, it made the general public far more aware of the public health and how integral it is to staying healthy and even life. Wonder if you could just talk to our listeners about public health awareness the pandemic has brought us through some of its success and also some of the epic failures as this public health crisis unfolded.

Dr. Leana Wen: I believe I heard the quote "public health save your life today, you just don't know it" from Dr. Karen DeSalvo, the former Assistant Secretary of Health at HHS. It just really stuck with me because in a way that

encapsulates all the problems that we have with getting people to pay attention to public health. By definition, public health is invisible. We have succeeded when we prevented something from happening, and so you don't see it, there is no face of public health. But as a result of been invisible, it often becomes the first item on the chopping block when it come to budget time.

We have seen that local public health, for example, local and state public health has lost something like 30% of their workforce in the last 20 years. It is not something that is reimbursed, right, when we talk to our patients addressing the social determinants of health, it's not something that is reimbursed in the same way that a cardi extent is going to be. It remains a major challenge well before the pandemic. I mean, the pandemic did not create the problems of health disparities, it didn't create the problems of underinvestment in public health.

But I think to your point that the pandemic has really brought to light what happens when we do not invest in public health. I hope that coming out of this, that hopefully coming out of this there's going to be renewed attention and impetus to addressing these issues.

Margaret Flinter:

Well, Dr. Wen, you don't miss words when talking about the pandemic, and even though we're beginning to have a little bit of perspective, maybe I'm being able to look back and understand some of what went wrong. Many things were done wrong and it led to an enormous loss of life in this country.

When you look back outline what you see as some of the biggest missteps that we made. What are the opportunities we might be missing now to continue to turn things in a direction that leads to less loss of life going forward?

Dr. Leana Wen:

In terms of the lessons learned I think there are at least three key lessons. The first is the importance of having a national coordinated strategy. It did not make sense that in the beginning that states had to figure out how to procure their own PPE, their own testing. It did not make sense that there were states right next to one another that had very different protocols when it came to the types of masking procedures as an example that were there. We are not an island public health doesn't work in isolation.

Second thing that we've learned is the importance of communication that when there are elected leaders whom differ from the words of their public health officials that that leads to confusion, and it leads to erosion of public trust. When that trust is eroded, when the public is really confused about who to believe, it's really difficult to get that back. Also public requires getting people to do things that they otherwise don't want to do. It's hard to get people to quarantine if exposed or wear a mask when we don't have a mask wearing culture,

and so having that lack of trust was a substantial issue.

The third thing that the pandemic has shown us is about the rampant disparities that we see. Again, COVID do not create disparities, that we've also seen that unless we are intentional about addressing disparities that they are going to perpetuate. Those who are privileged are going to have more resources, those who are under resourced are going to get fewer.

Now, coming out of this I think there's an opportunity to address all of these aspects, and in some ways the Biden Administration has already done a lot of work. They've certainly done a lot of work to bolster the federal health infrastructure to get vaccines out as we've talked about. They've really committed to health equity, which I commend them for. I never thought that we would see an administration that embeds health equity in every aspect of their work. But I think there's still a lot more to be done when it comes to rebuilding that public trust.

Actually, if there's one criticism that I would have of the Biden Administration, it's maybe not recognizing that public health is not just about the science. You could have one set of data but five different interpretations of it. Public health is also about values, and I actually thought it was a major problem when the CDC came out with their guidance that essentially led to the lifting of all indoor mask mandates, because they in that sense they were saying that the value of being able to be unvaccinated and unmasked is greater than the value of protecting the most vulnerable.

Mark Masselli: You become a very familiar face of the pandemic as a medical analyst at CNN. One thing you talk about in your book was the need for this honest clear communication about the public health crisis. Pfizer the other day was talking about the need for a potential booster shot. It becomes very confusing in public's mind, particularly some of the more elderly and vulnerable populations who are early on in December getting this. I just wonder if you could shed some light on the need for a booster shot. Share with us your thoughts about knowing whether or not the population will need to start queuing up for a booster shot.

Dr. Leana Wen: Yeah, I mean if there's any question that I get asked the most probably from my vaccinated patients, it's this one of when is it that I'm going to need a booster, which is very interesting because while we have a third of the population that's just is not getting vaccinated, there is probably another third that's saying the moment that I need a booster I want to get that booster. I think that we're seeing a lot of conversations play out in the public that normally would have occurred maybe even behind closed doors. But I don't mean in a secretive way, I just mean that people just didn't attention to it. But

those were conversations that scientist normally would have with one another.

As clinicians you definitely understand this. Now, we clinicians understand that there is nuance. There's a lot in medicine that exist in the gray area. For example, when it comes to booster shots, we always thought that at some point one of two things may happen, immunity might wane, or two there might be variants that developed that evade the protection of the existing vaccines. We also know as clinicians that probably if either of those things were to happen, it wouldn't be that one day you go from 90 some percent efficacy to 0% efficacy. Maybe it weans as a 90% to 60% to 40% I mean something like that.

Maybe there are some patients who may have benefit from a booster even now. For example, patients with severe immunocompromised actually may benefit from a booster now. There was a study done that looked at patients with -- who are organ transplant recipients on immunosuppression, it might actually make sense for them to receive a third booster shot now. Older individuals who received the vaccine early on, it is important for us to get those data on when those individuals might need to get the vaccine or people who got the Johnson & Johnson one dose vaccine might there be less efficacy. If they choose to, might there be some patients who are particularly vulnerable and to severe outcomes who should get a booster. Again that exist this gray zone of medicine where clinicians have to make nuanced decisions that when that's put into the public discourse sometimes it's understood as or nothing. I actually think that we need to change just the way that we are looking at this and advising people.

One thing that has been problematic was the CDC's decision to stop tracking mild breakthrough infections. We need to know, first of all, do they still result in long COVID, also at what point are these breakthrough infections happening. If we know that after six months, suddenly we're seeing all these breakthrough infections that are mild, that's still important data and we should know, or if we're seeing that Johnson & Johnson, people who got that vaccine have more breakthroughs than Moderna or Pfizer, also important information. In a way it's a repeat of what we've seen at the beginning of the pandemic. Just because we're not testing for something doesn't mean it's not there. In fact, I don't think that lack of data is a problem, we need more information and not less.

Margaret Flinter:

Well, Dr. Wen it's clear to us you've had a frontline seat almost your whole life looking at the issues of health and equities in our society, starting with your early days in your own family trying to access health care certainly during your training to be a physician and seeing how much of what appears in the emergency room are things that

didn't need to happen and Baltimore as the commissioner. When you look around the country and think about what needs to be done to get that last third. It seems that public health approach of going to the streets as you did in Baltimore with Narcan or to try and combat gun violence is the way to go. Are we doing enough in that arena? What are you seeing to try and prevent if something bad happening next fall or next winter as we keep hearing.

Dr. Leana Wen:

Yeah, it's a great question. Actually, here, I really want to commend the Biden team Bashar Shaker (PH), Vivek Murthy, so many people have done. It's just incredible work, spreading information and really relying on trust and messenger. This is hard work, right, let's make no mistake on this, this is the hard work of hitting the ground. In a way the mass vaccination sites we're the low hanging fruit, there are people who are --- if you build it they will come. Now, it's answering people's questions, it is --- it's reaching people who may not have a primary care physician and trying to get trusted messengers to talk to them about the importance of getting the vaccine, the seriousness of Coronavirus, the safety of the vaccine, overcoming misinformation, that's hard.

By the way, I really think that the ground game at this point, it's going to rely on primary care doctors and nurses and pharmacist and nurse practitioners, physician assistant, people who are health care providers on the frontlines and have the trust of their patients. I actually think that what the Biden team can help to in aide in this way is to reimburse for it. Reimburse for the time of all these conversations that really take time. But actually there's one more thing that would help a lot and would really dramatically increase vaccine uptake, and that is for more private entities, companies, universities, schools even, just start requiring vaccines.

You could still have an opt out, you could say if you don't want to be vaccinated, okay, sign this piece of paper and then go for twice weekly testing. If we did that, we would make vaccination the easy choice and make stay unvaccinated the hard choice. Right now we have it backwards, right now it's just as easy to be unvaccinated, and so people who are on the fence are staying unvaccinated. We have to switch that around, and I think that would make a big difference.

Mark Masselli:

You know, we couldn't agree with you more. We've done that, certainly we're a health care organization but we've done with all of our vendors as well. We think it's important for everyone to be vaccinated, and I think the institutional players will make a big difference. We're speaking today with Dr. Leana Wen, Emergency Physician, CNN Medical Analyst and author of Lifelines: A Doctor's Journey in the Fight for Public Health.

You know, Dr. Wen in your book you described public health as a

discipline that's straddles the worlds of science policy medicine and advocacy. There's often a lot of friction at this points of intersection. Wondering how do we build a health system that's more efficiently integrated at this elements, ideology can be a powerful adversary when seeking to do public health and I'm wondering if you could talk about the inherent challenges and what do we do about it?

Dr. Leana Wen: Well, two things that I want to mention here. One is I want to quote a friend and colleague, Dr. Boris Lushniak who often says that, "The work that we do in public health and health policy is political but not partisan." Certainly there are clinicians who also run for office are very involved in partisan politics and hats off to them, we certainly need more representation. This is not a criticism but rather to say that my own philosophy aligns with what Boris says which is that there is a way to be political, understanding a politics and policies. Understanding that public health also you need to navigate the political system, you have to navigate public policies, but that you don't need to be partisan.

Certainly, I'm very careful to stay away from being labeled a member of any political party. I just don't think that it helps with our work which actually is about striving for common ground, or as the late Congressman Elijah Cummings would say this is about not just striving for common ground, but higher ground. I think you don't get there by digging into your entrenched ideology, but rather looking for common ground that everyone can start from. Then there's another element that public health is by definition also very local. Actually on the local level there isn't a lot of partisanship, I mean whether you are getting your house remediated for lead or getting a restaurant inspected for food poisoning, that's not a partisan issue.

I think the more that we could really focus in public health about delivering services to people, delivering value to people in their lives and making a difference to their everyday lives, the more that we can actually focus on getting the work done and not be caught up in ideological battles.

Margaret Flinter: Well, Dr. Wen that makes me think about inspiration, and you've noted some mentors who have inspired you in your career, in your life and at least some of them are people well known to us as well, the late Dr. Jack Geiger and the late Dr. Fiju (PH) who just inspired people to do things they never thought were possible. You talk about patient advocate Regina Holliday who's painted jackets to become a walking gallery of stories of inspiration for patient activist. How have these people inspired you and how do we weave that kind of, I don't know, inspiration, hopefulness into our narratives and our fights for improving health and public health as we train the next generation of people that are going to carry on this public health work?

Dr. Leana Wen: Well, I think it --- I'm going to give you three, three things that came to mind as you are naming some of these people who are very influential in my life and in yours, because I came from a humble start, my parents and I were immigrants. We came to the US with less than \$40 to our name, as I was writing about in Lifelines. I didn't know that I could become a doctor. I had this dream and was really terrified of even sharing this dream with anyone, because I thought who was going to believe me that I could do this. I was very fortunate to have mentors who believed in me when I didn't believe in myself.

I think that all of us recognizing that we are an inspiration to someone, we may not know who that someone is, but there is someone out there who is looking up to us and is depending on us and what we say will have a big impact on the course of their lives. I think it's one thing that really stays with me. The second thing is Congressman Elijah Cummings, the late congressman from Baltimore used to talk about pain, passion and purpose. But it's the pain that is the guide for our passion that then becomes our purpose. Whatever bad events that may have occurred in our lives that were extremely painful and challenging as a country as a world, that there's a way for us to move forward and channel that pain into our passion that is our purpose.

The third thing that I learned from my mentors and I hope is an inspiration moving forward is to not wait, that there are so many things that sometimes in public health you can be caught in this paralysis of sorts, because public health is about everything, and so where do you even begin. But just as we as clinicians if a patient came to us and had many medical issues, it's never an option to say, well, let somebody else deal with it. It's not an option. We always have to start somewhere. Don't wait to take action, now. I think it's something else that I've taken away from all these really inspiring advocates in my life.

Mark Masselli: Well, and you are an inspiration to us, your story. This is such a compelling book, really walks through thing that I --- we had never known about you in terms of your journey, your family journey here. I think what's so powerful about it is you were able to translate that experience into action, certainly becoming a physician but the work that you did in Baltimore was so important and really as we try to improve our national and our global health infrastructure, things build up from the bottom, right.

You did such incredible work on the opioid issue, but you also talked about improvement of health services starts with our children. You talked about school based health centers which are near and dear to our heart. I forget how many --- you ended up setting up a 120 or more. Talk about why that model is so powerful and so important at

this moment in this crisis as we're starting to see young people experiencing behavioral health issues in significant numbers. We need these building blocks put in place locally for the national health system and then certainly you've been addressing the international role that America needs to play.

Dr. Leana Wen:

Yeah, so when I was the health commissioner of Baltimore we had health suites in all of our 180 or so public schools and a school based centers in, I believe, 13 of our schools that had a comprehensive model. Actually, I was hoping that we could expand it even more --- I thought the school based I'm sure could be the primary care medical home, not only for the child but ideally for the family. I mean how amazing of a model would that be. But it is something that --- and I know you have done a lot of work with this too and so would agree that for so many of our children this is where they access health care.

I live now in Baltimore, I don't work and live in Bethesda, right. I mean it's just a very different environment of maybe in other places there is more privilege and more opportunity, it's just a very different kind of environment where so many of our children if it were not for the services that we provide in our schools, if it were not for our meal, if it were not for our health care that they might go without. Also, why should kids have to leave school in order to seek services that actually can be done there? Why should kids have to miss school and parents have to miss work to take them to see the doctor for (inaudible 00:20:26) which is bread and butter that can be done right in their schools, or we set up a program for glasses for every child based on a similar model.

We found out that we just lost a lot of kids between the time they got their vision screened to been identified as needed glasses. But that doesn't have to happen, we can remove those barriers and get glasses to every child who needs them right in their schools without having the barriers of insurance and all these other things that actually sometimes get in the way of actually our patients --- our students getting the care that they need. Mental health you mentioned, such a neglected area. I mean we as a society do not treat mental health the same way that we regard physical health. Of course, it's long pastime for us to do so. But I think that's something else that when I was the health commissioner, we also did a lot when it came to improving mental health and trauma services in our city.

I've detailed, actually, one of the reason, not even one of the reasons but the reason I wanted to write the book was how do we decide what issues to focus on. Of all the public health issues there are, how do we decide to focus on this, and what specifically did we do? So much of time I feel like I read about programs that happened, and I read about the outcome, which is great and really important. But,

what were the struggles that you went through? What programs did you reject in the process of trying to figure out these ones? How are they success for? What were the decision points along the way? I hope that explaining why we chose to focus on schools and mental health, for example, would also be important parts of the conversation.

Margaret Flinter: You've certainly spoken to the dilemmas of health care leaders everywhere, and thank you for that. We've been speaking today with Dr. Leana Wen, Medical Analyst for CNN and author of *Lifelines: A Doctor's Journey in the Fight for Public Health*. You can learn more about her work by going to Leanawen.com or follower on Twitter @Dr. Leana Wen. Dr. Wen we thank you for your quests to improve public health in this country for providing a clear voice to the public throughout this entire pandemic and for joining us again on Conversations on Health Care.

Dr. Leana Wen: Thank you very much. It's a pleasure to join you and I want to thank you and everyone watching and listening for the incredible work that you have done over the last year and a half and just in general, so thank you.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly in a 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 US politics. Lori what have you got for us this week?

Lori Robertson: Falsest about the COVID-19 vaccines have been widely disseminated on social media. Two recent claims concerned the airline industry. Airlines which suffered a steep decline in air travel last year due to the COVID-19 pandemic are encouraging people who have received a COVID-19 vaccine to fly once again. Yet, social media posts falsely claim that airline executives around the world are discussing banning vaccinated passengers due to a risk of blood clotting at high altitudes. Medical expert say there is no evidence of an added risk of blood clots for vaccinated air travelers.

Airlines are actually providing rewards for vaccinated travelers. United Airlines, for example, hosted a sweepstakes in which COVID-19 vaccinated United members had a chance to win free round trip flights everyday in June. A spokesperson for the International Air Transport Association told us the organization is not aware of any airlines considering a ban on vaccinated passengers due to a blood clot risk despite an Instagram video that makes the claim. Unrelated to vaccines, long distance travelers can develop a type of blood clot

known as deep vein thrombosis or DVT after extended periods of immobility. The risk of DVT during sedentary travel has been a concern of the CDC.

A DVT typically forms in the leg and is a different disorder from the 38 rare blood clot cases in the United States that have been associated with the Johnson & Johnson COVID-19 vaccine. The individuals in those rare cases suffered from a combination of a type of blood clot called cerebral venous sinus thrombosis and low levels of blood platelets. Again, medical expert say there is no evidence that vaccinated travelers face an increase risk for blood clots at high altitudes due to the COVID-19 vaccine.

Other viral claims said without any evidence that the deaths of four British Airways pilots and five Air India pilots were a result of receiving COVID-19 vaccines. Air India said its pilots died from the disease COVID-19. British Airways said, "There is no truth whatsoever in the claims on social media speculating that the four deaths are linked. None of the deaths were linked to vaccines." 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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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. If music soothes the savage beast, the question I wanted to answer at the Sync Project is how exactly?

There are lots of anecdotal studies supporting music's ability to trigger memory or boost endurance or focus, but virtually nothing is known about how much truly impact our physiological and neurological state. This is the question that intrigue scientist Keiki Kuranam (PH) a systems biology PhD from Harvard who wondered, how could music be scientifically harnessed as a powerful precision medicine tool?

They formed the Sync Project with a cross-section of neuroscientist, biologist, audio engineers, even some rock stars like Peter Gabriel and started by using artificial intelligence systems to analyze existing playlist that purports or promote relaxation, induce sleep, enhance focus or athletic performance.

Female: And once we have set of songs that our machine learning algorithms predict to be effective for a specific activity, we can then draw on

studies using these devices like in a heart rate monitor, your smart watches, your activity trackers and actually look at how effective indeed is that song for that purpose.

Margaret Flinter: Kuranam and her colleagues note that most of us self-medicate with music already so why not harness this ubiquitous tool that's available to all of us and develop strategies and systems that might replace pharmacological interventions with musical ones.

Keiki Kuranam: So we're literally walking around with 14 million songs in our pocket every single day. We saw a great opportunity on really being able to understand how music was affecting, how different types of music effect both our psychological health as well as our physiology.

Margaret Flinter: Kuranam and her team seen vast potential for reducing reliance on drugs by crafting personalized music interventions and the management of a variety of complex conditions such as pain management, PTSD, even Parkinson's disease.

Keiki Kuranam: In Parkinson's disease, patients have trouble coordinating movements. By playing them the right kind of music, it can be an external auditory support they have that's going to help them walk more smoothly.

Margaret Flinter: The Sync Project, combining computer technology and neuroscience physiology and musicology to harness the healing powers inherent in music to help manage a variety of human ills. Now that is 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.

[Music]

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