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Marianne O'Hare: Welcome to Conversations on Health Care. This week, we welcome Congresswoman Rosa DeLauro on voting rights, Build Back Better, and what the infrastructure rescue will bring.

Rosa DeLauro: One of the things that was so critically important to me was the Child Tax Credit in the American Rescue Plan. If you are very concerned about children and their health, it is the Child Tax Credit that I believe was addressing the issues of poverty.

Marianne O'Hare: Now, here is Mark Masselli and Margaret Flinter on Conversations on Health Care.

Mark Masselli: There is not one American during the past two years of the pandemic who hasn't been affected by the leadership and decisions made by our next guest. She is the Chair of the Appropriations Committee of the United States House of Representatives. It holds the power of the purse. Her policymaking has meant we have had the resources needed to face COVID-19, the biggest economic and health crisis in our country's history.

Margaret Flinter: Representative DeLauro's leadership has resulted in Congress passing the largest governmental response the country has ever seen to rescue individuals, the economy, and the health care system. But we know her first as our local member of the House, and a passionate advocate for community health.

Mark Masselli: Congresswoman, thank you for joining us again, and right when your insights are really needed. Let's start with asking you to share the latest details about the spread of the Omicron variant and the responses that have come from both the House and the Senate and the Biden Administration.

Rosa DeLauro: Well, first of all, I am delighted to be with the two of you, with Mark and Margaret, and thank you. And thank you so much for what you do at Community Health Center, what you have been doing now. I treasure the working relationship that we have had over the years. You all have been the vanguard of making sure that whatever the crisis is that you are ahead of it and on top of it. That's really extraordinary. So, we are very, very fortunate to have you and the health center and the work that you do statewide. By God, I can go back to my work on opioids and all of the -- because you and I both know that it's the health centers where we are looking at primary care for over 23 million people in this country.

I go back to the American Rescue Plan, or even before that to the CARES plan. As soon as the pandemic hit, what we tried to do at every step of the way was to be able to use Federal resources in order to address which was the most significant economic and health crisis

that we faced in a generation. And what we did in CARES 1, CARES 2, the American Heroes Bill, last year with the American Rescue Plan, was to provide the necessary funding so that we could look at research, we could look at vaccine development, we could look at therapeutics and how we were going to begin to distribute testing. And we know the problems that we had early on with testing, PPE, and all of those, so the effort to try to overcome all of that.

And at that juncture we were working in areas where we had bipartisan cooperation with this bill, a significant amount of Federal resources. With the American Rescue Plan, that was $1.9 trillion, looking at what we needed to do about making sure that we had the wherewithal to get vaccines distributed, shots in the arm for people, setting up the kinds of clinics, the kind of things that you all did, mobile clinics in places where people could really get access to what they needed.

In addition, the amount of economic support that went out at that time was incredible for businesses who could not have survived without the help, hospitals, health care centers. And this is the proper role of government. There was a great article many years ago by a reporter with the name of Michael Ignatieff, and he was writing about Katrina, and he said, “The government is a covenant with the citizens of this country, and that we have an obligation that when the challenges are so overwhelming that government steps in,” and he said, “when the levees broke, that that covenant was broken. We needed to have the full force of the Federal government.” Well when this crisis began, the levees broke. People could not handle all of this on their own. So the Federal government stepped in to do what was necessary.

One of the things that was so critically important to me was the Child Tax Credit in the American Rescue Plan. And look, you are very concerned about children and their health. It is the Child Tax Credit that I believe was addressing the issues of poverty, and you know how poverty affects children, the food, the nutrition, their education, their health, what happens in their homes. So the Child Tax Credit I believe has met the need, and we got to continue to fight for it to be extended. And we have seen already that 50% of kids being lifted out of poverty, in November 3.8 million kids, the hunger numbers have declined, that all of this is so critically important.

Then you look at Build Back Better, which we are trying to get over the finish line, with the kinds of resources that are necessary for health care. The President’s just setting up sites in schools where we can test, so we can keep kids in school. It’s critical that we do that. But the Build Back Better expands Medicare benefits. It reduces drug costs. We are doing this in Appropriations, providing $1.8 billion to

community health centers, $50 million to support school-based clinics. If I think about it and you catalogue, reaching back, you know, when the pandemic started, to now, that look at the way we have almost doubled, tripled Federal resources to address the issue, trying to create a public health care system with the infrastructure that it needs. We knew that that collapsed during the beginning part of the pandemic, and in Appropriations bills I am looking at how we buttress the public health infrastructure system.

That has to do with you. It has to do with the modernization of data. We are looking at billions of dollars in this case, so whether it was the beginning, whether it was Delta, and now Omicron, there is the full force of Federal resources to try to address this health care crisis, and the accompanying economic crisis where [inaudible 00:07:03]. But there has been an extraordinary amount of work that's been done, and oftentimes the word isn't getting out.

Margaret Flinter: Well Congresswoman, thank you for your kind words about our community health center. But as you know, there are 1400 community health centers in the United States, serving millions of people across the country. And you are the Co-Chair of the House Community Health Center Caucus, so you know very well the research. I know your colleagues in the Congress are interested in evidence. Community Health Centers save the Federal government money in the long run through prevention, through primary care, through managing complex illnesses, dental care, behavioral health, and all of this ultimately helps to save money for the Federal government and improve health in the United States overall. How can we have more of your colleagues actually learn about and understand this return on the investment?

Rosa DeLauro: Now I can recall we had a session in Middletown, and people who came and talked about how the community health center changed their lives, what it did for them. And I will say this, there is really support in the Congress for the community health centers. I think people have begun to understand what it is that you do, and that you are the primary care for so many millions of people in this country. And I believe it is the stories that people can tell, to talk about how the centers have been pivotal in their lives and the lives of their families, and making sure they have the counseling, the dental care, the physical care, the problems that people have faced with opioids in our communities, and that the community health centers have been pivotal in that area.

Again, families came up and spoke up about the issues and the kind of help that health care centers could provide. And what we need to do is to look at what are the wraparound services. And you can tell me how are we doing in rural parts of America, do we need more in the

area of transportation that gets people to these efforts, what kind of services do people need in order to take full advantage of the services that you can provide. We need to build on the experience that you have and how do we make it better.

I say this about the Child Tax Credit, I haven't seen a program work as well as the Child Tax Credit. January, it was in the American Rescue Plan. March, we voted on it. July, the monthly payments started going on. Nobody believed we could do it monthly. By the end of December, November, 3.8 million kids lifted out of poverty, hunger numbers decreased. Now I say this is a similar parallel for the community health centers. This is a success storm. So where are we building on this success to ensure that you can do what you are doing but expand what you are doing for families? And the same way I feel about the Child Tax Credit. How do we build on this success?

Mark Masselli: Well, you not only feel about it, but for 20 years you have been a lone voice in the wilderness many times talking about the Child Tax Credits. So, this is just such an important thing, and I know it probably pains you when you hear critics saying that parents might be wasting these dollars. It's really one of the evidence-based policy making efforts that you have led the charge. I also though want to hear your thoughts about the Build Back Better Act and whether or not there is going to be a compromise. Give us some sense of where we are trying to get this concord between the House and Senate.

Rosa DeLauro: I believe that there is a deal to be had. I think we are going to work through a way in which we have a Build Back Better piece of legislation. As you know, the House is there on this. We have some stumbling blocks in the Senate. I think we need to work those through. It may not be that we can do everything that was intended to get done in terms of Build Back Better, but how do we look at what is most immediate for us to be able to tackle? I know that the myriad of health issues and building on the Affordable Care Act, looking at how we can expand Medicare benefits including hearing aids, how do we deal with closing that Medicaid gap, services for seniors, loved ones who are disabled, and I include in this a Child Tax Credit, which as I said, makes sense.

And I think with regard to the Affordable Care Act, now that we are talking about people only having to pay 8.5% of their income for premiums, health care is one of the biggest issues that people face today. They want relief. We need to bring down the costs of the prescription drugs. You know, capping the cost of insulin is a very high priority. So we ought to take a look at what we can do again and building on structures that are there and trying to look at how we deal with health outcomes of the public health infrastructure.

Now, there were lot of systems that collapsed in the early days of the

pandemic. But I think we have to think about the public health infrastructure, which really collapsed on us, and we cannot let that happen. So let's pick and choose the areas within Build Back Better that can have immediate effect on people's lives, can have an immediate health impact on people's lives, an immediate economic impact on people's lives and let's try to move forward. I think we can get to a conclusion on this and get it across the finish line, and I am going to fight like hell to get that done.

Margaret Flinter: We know you are. And I want to go back to something you said about the early days of the pandemic. Right? 2020 kind of hit us like a brick wall, and one of the things that a generation [inaudible 00:13:09] got introduced to was this concept of stimulus relief. And people saw the government step forward on a personal level and on a business level to keep things going until we could rightsize again, and here we are. I think the question to you as somebody so concerned with businesses, you live in a very dynamic city, lots of small businesses as well as major players. Will there be another round of stimulus relief? Do you believe that the restaurant industry needs stimulus relief at this point?

Rosa DeLauro: Look, there is talk. I don't have -- there is nothing tangible at the moment, but there is talk about another COVID relief package, a supplemental package. First of all, let me step back. I don't want -- people need to understand the Appropriations process as well, that $1.9 trillion, $1.1 billion that we did for the infrastructure, and by the way the Infrastructure Bill has health pieces in it as well in terms of construction and facilities, etc. so not to be left behind, Build Back Better. But the money in Build Back Better would be over a 10-year period of time. I want you to think about Appropriations. Appropriations is $1.5 trillion every single year, so which is why I am trying to be as aggressive as I can in getting the omnibus appropriations bill passed, because there is so much in there.

I mentioned the 1.8 for community health centers, the money for school-based health centers, the money for the workforce, a public health workforce and the training there. So we cannot forget that and the importance of moving forward. It's money for the CDC, and it's money for NIH. All of these things are in the Appropriations Bill. I believe that there will be another COVID supplemental bill, and that will take into consideration both the health issues and the economic issues, Margaret, as you're pointing out. Yes, relief for restaurants. I don't know if there would be more relief for hospitals because we haven't -- you know, the package is not formulated yet. But I will just tell you this; wherever I went after the Rescue Plan, and the earlier plans as well, I haven't heard this in years from people, "Thank you to the Federal government. Without the Federal government we couldn't have kept our restaurant open, we couldn't keep our

business open. Our hospital was going to crash. Our school system wasn't going to make it. Our child care industry was going to fall flat on its face."

So, when is the last time you have heard people say thank you to the Federal government? And it's usually, "You are irrelevant in our lives." And I think that people have now understood that there is that role for the Federal government, and we need to foster and let people continue to believe that with what else that we are trying to do as well. So yes, I believe there will be another COVID relief supplemental package, and we will address the economic issues of businesses and restaurants and others including vaccines. And probably, you know, some people don't think that this is an important issue, but internationally we need to not only donate, be a donor in terms of vaccines to other countries, we need to help to provide the delivery mechanisms that give shots in the arm of people because the pandemic doesn't know boundaries. If we are not safe internationally then we are not safe in United States.

Mark Masselli: It's a great point, and also just highlighting the agreement that happened on the historic Infrastructure Bill, and that the role that got played by leaders. And I am just thinking a little bit about the speaker of the House, Nancy Pelosi, and I am wondering if you can, if you still have time, talk a little bit about her legacy because it requires enormous leadership to get these things done. Obviously, you are part of that leadership, but talk to us a little about Speaker Pelosi.

Rosa DeLauro: I know our speaker, and you know, I think you all know who she is and what she's done, and this is not just in the face of a pandemic. You know, there would not be an Affordable Care Act without Speaker Pelosi. I was there. I was in the room when there was a willingness to break it up and do this piece or that piece and so forth. She said, "No, it goes together." And one of the biggest issue was over women's health. Her leadership in this area is really extraordinary. Her leadership on the Infrastructure Bill that we just passed, or where she's come throughout this pandemic in both the economic pieces and the health care pieces, I characterize her she has a spine of steel. She really doesn't get -- she looks for the way to build consensus to get it done, and that is carrot and stick. She can be as tough as nails, but she is pragmatic. She understands and knows that when you have to step in, you have to compromise so that you get as much as you can get.

We have got to make good in terms of delivery for the American people. That's who she is. And it comes from her own set of values, Margaret and Mark. It really does. She has been engaged and involved and from a family who understands the power of government to do good. And public service is – you know, it's in her DNA, and so she

knows the power of the Federal government and how it can work to benefit to people in this country, and she's made it work over and over and over and over again.

Margaret Flinter: Well, Congresswoman, you have referenced women's health just a moment ago there, and of course this is something you have long then associated as a key issue of concern. We have a feeling reproductive rights hang in the balance somewhat, but you have taken some proactive steps by introducing the Women's Health Protection Act along with others. Tell our audience more about this legislation and where does it stand right now.

Rosa DeLauro: Well, I believe that the Senate is going to take up a vote on the Women's Health Protection Act within the next week or 10 days, and so there's overwhelming support in the House, and in essence it codifies Roe v. Wade and it just allows women to get the kind of health care that they need and to make the decisions that they need to make about their health going forward. There's overwhelming support in the House for it.

You know, look, I think it's tougher in the Senate. To be very honest, one of the things that we face, there is a three or four vote margin in the House of Representatives today and you know, it's even in the Senate so that makes it difficult. But I think on some of these issues, we can count on some of the Republican members, Susan Collins, Lisa Murkowski, etc. who understand the way to this issue. But it is making sure that women have the access that they need for the health care that they need and that women's health is put front and center and it is not on the back burner, and that requires us to really look at how Roe gets codified.

We know the barriers that have sprung up all over the country and with the Supreme Court. But what we can't do is to get deterred, we can't get stopped, we just have to keep going and use this time. You know, time changes the environment, the people who are in charge. That makes a difference in where we come out for the future. So, we need to get, and I say this to people around the country, we need to get to folks in the Senate to talk about passing the Women's Health Protection Act. Women's health needs to be where it is as on par with men's health in this country, which is something that the Affordable Care Act started doing for the first time in the country's history.

Mark Masselli: Congresswoman Rosa DeLauro was first elected in 1990, has since then served as a representative from the Connecticut's Third Congressional District. Her website www.delauro.house.gov, and you will find her on Twitter @RosaDeLauro, all in one word. Thank you again for your leadership, for your inspiration, and for joining us today on Conversations on Health Care.

Rosa DeLauro: I am so delighted to join both of you. And it's lovely to see you. I miss seeing you and I would just [overlapping].

Mark Masselli: We miss hugging you.

Rosa DeLauro: I know. That's it, you know. There is one last point I would make. When you take a look at the American Rescue Plan, as you take a look at the Infrastructure Bill, and the potential of Build Back Better, this is, I think people don't understand, the paradigm shift in Federal resources. For decades, the Federal resources have gone to the richest one-tenth of 1% people in this country, to the richest corporations, many of whom do not pay any taxes. That is now a shift where we are making investments in families, in children, in their health, in their economic wherewithal, and that in and of itself is a change that the Federal government has undertaken over this last year. So thank you.

Mark Masselli: Thank you so much Rosa. Take care.

Margaret Flinter: Thank you Congresswoman.

[Music]

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: President Joe Biden has said his administration will provide one billion free at-home rapid COVID-19 tests to Americans starting in late January. Let's take a look at some common questions about these tests.

The rapid antigen tests are viral tests that check for the presence of SARS CoV-2 viral proteins in a sample from a person's nose or mouth, to help determine if the person is currently infected with the Coronavirus. Some of these require a prescription, but the ones people are most familiar with are these self-tests that can be purchased over-the-counter and can be performed entirely at home, with the person taking their own sample and reading out the result within 15 to 30 minutes.

The tests are similar to pregnancy tests, in that they detect proteins in a specimen using antibodies embedded in a test strip. These types of tests are generally reliable, but they aren't as sensitive as molecular diagnostic tests, such as the PCR test which can take hours or days for people to get their results. A positive result on a rapid antigen test is very likely to be correct, but a negative test doesn't necessarily mean

someone isn't infected.

It is not yet known how well rapid antigen tests fare against the Omicron variant, although most tests are able to detect it. While some early lab tests suggested a possible reduction in sensitivity, so far clinical testing of patients show the antigen tests perform similarly against Omicron as previous variants. However, Omicron infections appear to have a shorter incubation period or length of time from exposure to first symptom, which could mean people are testing sooner after infection than they were previously. That could make it appear that the tests are less sensitive even if they aren't.

In addition to the Federal government's new COVIDtests.gov website, these rapid tests are sold through retail stores and online, and some local governments are also offering them to their residents. The CDC suggests taking one of these tests before gathering indoors with people from other households.

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 would 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. Each year, more than one million babies die at birth and another three million die within the first few weeks of life, often from preventable causes. And when babies are born prematurely, the risks escalate. Newborns, and particularly premies, have a considerable amount of difficulty regulating their own body temperature, and without access to incubators babies in the third world often succumb to hypothermia. That got former Stanford MBA student Jane Chen thinking how do we develop a low-cost solution to the problem.

Jane Chen: My team and I realized what was needed was a local solution, something that could work without electricity, that was simple enough for a mother or a midwife to use, given that the majority of births still take place in the home. We needed something that was portable, something that could be sterilized and reused across multiple babies, and something ultra-low cost compared to the $20,000 that an incubator in the US costs.

Margaret Flinter: Speaking at a recent TED Talk, Chen said that they developed a

cocoon-like device called simply Embrace, a thermal body wrap that encases the baby and helps regulate body temperature for up to six hours.

Jane Chen: What you see here looks nothing like an incubator, looks like a small sleeping bag for a baby. It's waterproof. There's no seams inside so you can sterilize it very easily. But the magic is in this pouch of wax. This is a phase-change material. It's a wax-like substance with a melting point of human body temperature, 37 degree Celsius. You can melt this simply using hot water, and then when it melts it's able to maintain one constant temperature for four to six hours at a time, after which you simply reheat the pouch. And it creates a warm micro environment for the baby.

Margaret Flinter: Since launching the product in 2010 they estimate that over 150,000 babies' lives may have been saved with the device. A low-cost, high-tech, portable temperature regulator, designed to regulate preemies' body temperatures to ensure that they not only survive premature birth but ultimately thrive as well, 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.

Marianne O'Hare: 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.