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Marianne O'Hare: Welcome to Conversations on Health Care. This week, part two of our look back at 2022 with COVID still surging, the dumps decision, and Anthony Fauci's farewell. Now, here are your hosts Mark Masselli and Margaret Flinter.

Mark Masselli: Welcome back to Conversations on Health Care. We've been taking a look back at some of the memorable guests from this last year.

Margaret Flinter: An incredibly challenging and fascinating year marked by the ongoing pandemic and the shifting landscape as variants of COVID-19 fueled more surges across the country.

Mark Masselli: Margaret, you're so right, it was a year of more turbulence and unrest, the war in Ukraine, the burgeoning opioid and mental health crisis, more mass shootings and gun violence, and the emergence of a new threat from an old pathogen monkey pox.

Margaret Flinter: Perhaps one of the most seismic events of the year, Mark, was the Supreme Court's controversial Dobbs decision in June. It overturned 50 years of women's reproductive rights under Roe vs. Wade, essentially ending protections for American women seeking abortion access, depending on which state they live in.

Mark Masselli: Margaret, as you know we welcomed two guests who brought clarity into just how seismic an event that Supreme Court ruling was. Robin Marty, Director of the West Alabama Women's Center, the last facility in that state to perform abortions.

Margaret Flinter: She was joined by Amanda Allen of The Lawyering Project. That's a legal nonprofit that's seeking to help states navigate the restrictive laws governing women's reproductive freedoms.

Robin Marty: Because we know that no matter how much money and how many resources you give pregnant people there are some who are not going to be able to leave the state. It just cannot happen. Those people are going to turn to medication hopefully, hopefully safe medication to terminate their own pregnancy. They are going to be afraid that they're going to be arrested for it. We have to be there because we will be a safe place for them to come to in order to get that follow up care that in a hospital they or someone they love might end up investigated and in jail.

Amanda Allen: Well, it is terrifying what is happening and we all said this would happen, right. This was never just about abortion

because when you try to regulate these things then you're putting doctors and other health care providers. You're essentially tying their hands.

I just read right before this interview a story about a woman in Louisiana who was 16 weeks pregnant and was forced to labor her dead fetus because the hospital doctor's lawyers said that it would be an abortion under Louisiana law and they could be charged with a crime. That should never happen here. This is not the America that any of us want or deserve and yet story after story after story it's just painting this picture of this really horrifying reality that we're in where ectopic pregnancies as you said Margaret which are never ever viable are not being treated right away where obstetric emergencies are getting drawn out to the point of near death. Doctors because of the way these laws are written, doctors don't know how much does a patient has to bleed out before I can provide her care.

Mark Masselli: The ruling has already had a dramatic impact on women's health in multiple red states across the country. We'll continue to examine the impact of this decision in the coming year.

Margaret Flinter: While all of that was going on, it was also a time to explore some interesting sources of innovation in the delivery of health care. Dr. Ryan Vega is Director of the VA's Innovation Ecosystem. He shared with us some of the really groundbreaking work they're doing at Veteran's Health Administration.

Dr. Ryan Vega: Really, the idea is how do you create a culture where individuals on the front lines now have access to this national opportunity, this national network where the work that they're doing at one VA has the opportunity to spread across. There's two things that are really important about the Shark Tank competition. One, and we get hundreds of applications a year. We really focus and get those down to the ten that have some level of evidence so there's pretty in depth reviews on the practice or the solution and, two, those that really seem to have the most potential for impact for veterans. This doesn't have to just be technologies. It can be processing changes. It can be even potential policy changes.

But the other piece of this is that our medical center directors and even our network directors, they're bidding on these practices, which means they're going to invest. They are going to appoint either human capital or even working capital, money to get these projects replicated at their site because they see a need. It's that replication and that willingness and that buy in that enables us to really test solutions in multiple

different markets. Instead of saying we see something at one place plus it must be everywhere, we really get to test and get these solutions out.

What you know about any innovation process or lifecycle is it's a very narrow funnel when you get to the end. Not everything's going to make it. You need markets, and so you have to sort of create those quasi markets as we call them. But this allows us to really energize the frontline to tap into that entrepreneurial spirit. Those individuals on the frontline they're the best positioned to understand what's needed, what's potentially going to work, because they're the ones actually doing the work.

Shark Tank has really sort of fostered that both entrepreneurial spirit. Some of the practices we have seen come out of that are not just changing and saving lives in the VA, but they're actually spreading across American hospitals and saving lives there as well.

Mark Masselli: The pandemic also galvanized interest in how we make our buildings safer. A fascinating conversation we had with Joseph Allen, who runs the healthy buildings project at Harvard, where they're seeking to foster more widespread use of technologies that will limit the spread of pathogens. It's a discipline whose time has surely arrived.

Joseph Allen: In the 1970s we started tightening up our building envelopes in response to the energy crisis. We stopped designing buildings for people. Public health lost its seat at the table in the architectural design and engineering community. It wasn't a surprise that we had this sick building era. We were confronted with all of our buildings that many of them that underperform in this era, and this is why that revolution, the healthy building revolution has to change because it shouldn't be obvious that we need to design buildings in a way that promote human health.

I think what's become obvious because of COVID, the virus that spread nearly entirely indoors, that the indoor environment is really impacting all of us all the time and has been under appreciated. That's the short genesis why we need this revolution to happen.

Margaret Flinter: We welcomed a true giant in the field of epidemiology to the show, Dr. Larry Brilliant. He's credited with helping to end the 10,000 year old smallpox epidemic, huge accomplishment.

Dr. Larry Brilliant: In the immediate period, before it was eradicated, smallpox

killed half a billion people 300 million to 500 million in the 20th century alone. One out of three people who contracted it died from it. The way that we were able to eradicate it was by following a unique strategy conceived of by Bill Foege, who then was working on the smallpox program became the head of CDC. That was to find every case of smallpox in the world at the same time and to draw a ring of immunity around each case. That ring was not just geographic, it was socio-metrics, by investigating the index case, by doing forward and backward tracing, words that we've come to learn about from COVID but in reality they have a much deeper meaning than the simple way of thinking about just contact tracing. We were able to immunize all those people who might next get smallpox until there were no more susceptible host around. That's how we eradicated smallpox.

Mark Masselli: Speaking of another great thought leader that we had on Dr. Atul Gawande on how to improve primary care and health care in general. He's the author of The Checklist Manifesto, and now is leading administrator at USAID, the world's largest global aid agency.

Dr. Atul Gawande: We have discovered in the last century how to make it so that the average person can live 80 plus years of life, that is included 6000 drugs, 4000 medical and surgical procedures and a couple of 1000 public health interventions. Our job has been to deploy that capability town by town to everyone alive. Even within the United States, we have large parts of the population that don't get the benefit of that capability.

Being able to have -- this is a generation of work on our hands. Part of the reason I took this job is COVID made it clear how interconnected we are. There are two billion people in low income parts of the world who simply don't have access to the basic medicines. It’s the public health interventions that make it possible to have that lifespan and that kind of productive contribution to society. When we don't support and enable that capability to grow, we end up paying the price for it in many, many ways from direct infection to our own political loss of support. In politics it matters, and then it matters economically too.

Margaret Flinter: Former CDC Director Tom Frieden joined us on the show again. He now has resolved to save lives. It's an organization that's dedicated to addressing the global causes of early death or premature mortality, as we call it, such as heart disease and diabetes, and really doing some incredible and groundbreaking work.

Dr. Tom Frieden: I think it's very important. There needs to be a clear look. More than a million Americans are dead. If the US had a death rate of Canada's, for example, most of those people will still be alive. What went wrong? But more importantly, what do we need to change so that preventable deaths like this in response to a health threat never occur at this level. You know that the US is an outlier. If you look at death rates for 100,000 people in high income countries, the US has a much higher rate than most other countries. That's not something where the US should be number one. That's something where we shouldn't be a leader. This kind of review is very important.

I became CDC director after 9/11. We look really carefully at the 9/11 commission recommendations and those recommendations changed the way government does business. Did they fix everything? No. Did they make it better? Absolutely. There's also kind of a reckoning that's important that that get done so that people who want to know the truth can know what really happened, what went right, what went wrong.

Mark Masselli: Well, as you said, Tom was a former CDC director, Margaret, we've had so many CDC directors on but we were blessed to have Dr. Rochelle Walensky, the current CDC Director, rejoined us talking about the rollout of the new bivalent COVID booster. She expressed grave concerns about the low uptake of the booster shots across the population and how the CDC will likely be revamped moving forward.

Dr. Rochelle Walensky: People who we are seeing most at risk of severe disease and death continue to be those who are unvaccinated or under vaccinated. I've always said there is no bad time to become up-to-date on your COVID chats. If you haven't gotten a booster in the calendar year of 2022 and you're eligible for a booster, there's no bad time to get one. We are going to be reviewing data on these updated boosters, as I mentioned, coming soon. But if you are in a place where you feel like you're at high risk of severe disease, if you're over the age of 50, if you're especially over the age of 65, and there's a lot of infection in your community, you may want to go ahead and not wait for that booster the information from that booster. Get the one that is available to you now and then we'll have further recommendations about when you can get an updated booster in the fall.

Margaret Flinter: What we didn't factor into this ongoing crisis was the spread of a pathogen that was doing previously only to a small section of Africa. But suddenly, monkey pox began spreading quickly.

It was largely within the gay community, first across Europe and then across the United States. Dr. Demetre Daskalakis is a longtime HIV and public health activist who was tapped by the White House to help address the crisis. He shared his insights with us into how this threat could be contained.

Dr. Demetre Daskalakis: We have two different equity pilots that are happening at the same time. The first equity pilot, I like to call the macro pilot, which is large events that come up on jurisdictions that focus on LGBTQAI+ individuals. The micro version is what if you don't have an event with 50,000 people? What if you have smaller ideas or big ideas for smaller groups of people that may benefit on equity?

The second equity innovation pilot really focuses on providing a supply of vaccine to jurisdictions to really be a little bit of a lab to see what works best to get the vaccine in people's arms. We're going to allocate for both of those 10,000 vials, it's a pilot. If it goes well we'll obviously extend it. But that's really what the strategy is to try to do a real equity intervention, which is what can we do to augment what's happening in a jurisdiction so that we can reach people in a way that they're not being reached by the sort of industrial strain strategies for vaccine distributions.

Mark Masselli: We also welcomed House Majority Whip James Clyburn back to the show. Representative Clyburn is from South Carolina and, of course, we have our roots as an organization in South Carolina with one of our founding board members, Reba Moses born there in the 1920s. It was great to talk with him. One of the nation's early leaders, Representative Clyburn is in the Civil Rights Movement, longtime champion of community health centers.

James Clyburn: Well, I started this battle. I shouldn't call it battle let's just say this that’s you’re with community health centers more than 50 years ago. I recall back when Senator Fritz Hollings wrote his book The Case Against Hunger, and we took that book as a foundation upon which to develop the Beaufort-Jasper Comprehensive Health Care Program, the Franklin Center sent a health care program there in Charleston Rural Missions.

I've been on a community health center let’s just say journey ever since. I've always had it as my goal to try to get a community health center that’s located within commuting distance of every American. Every time a 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. 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.

Margaret Flinter: We welcomed to Dr. Jennifer Nuzzo. Dr. Nuzzo is one of a growing group of very promising young public health and epidemiology specialists. She's leading Brown University's new pandemic center. This is a discipline we are likely to see growth in the coming years as we train our next generation to prepare for what we hope will never come, which is the next pandemic.

Dr. Jennifer Nuzzo: First of all, when I first began the thought and conversations with Ashish about coming up to Brown to work on pandemics it was actually in between where we saw a rise in cases and then the subsequent really meteoric rise of the Omicron variant. That just tells you that even when the case numbers are low, even when perhaps there's a glimmer of hope in the future, it's worth still working on these issues and digging into them because even if the virus were no longer part of our daily thinking, there's going to be more pandemic threats in the future. We need to make sure that we're never again caught so vulnerable in the ways that we were for this one. But in terms of this one, I mean, look, it's still clearly a significant health threat, the fact that we have more than 400 Americans dying each day, 1000s of Americans each week, is really something quite serious and something that we have to continue to do work on.

Mark Masselli: Well, Margaret, what a year 2022 was, and it was in part made by the fact that there was a national midterm elections and there was much speculation that there would be a so called red wave as the ballot in November was being counted. We launched a series of shows health care on the ballot welcoming health policy experts like Victoria Knight of Axios and Sheryl Gay Stolberg of The New York Times to share their insights on what was at stake in the November election.

Victoria Knight: Well, I think it will certainly be an abortion election, a Roe v. Wade election. I think that we've seen that the Supreme Court's decision in the Dobbs case has really up ended what a lot of people thought was going to be a Republican, if not a route, certainly Republican victories in both the House and the Senate. Now that's looking less so. Democrats are really energized to go to the polls, and they are angry and mad about this ruling, and they want Congress to do something about it.

We're going to see President Biden in fact talk about it. Just today, he's emphasizing this as a factor in the midterms. I do think abortion will play a role and to a lesser extent healthcare writ large, because health care is always an issue. It's so important to so many Americans. Even when inflation is top of mind, health care is going to be on the ballot as well.

Sheryl Gay Stolberg: I think Republicans know that it's really embedded in the system, and its popular people like Medicare. I think they're more focused on maybe like general Medicare, like expanding Medicare Advantage options, or that's something they really liked, which are private plans within Medicare. I don't see that as too much of a reality but you never know. We'll see what happens depending on the midterm outcomes.

Victoria Knight: It's long been said that Medicare is the third rail of American politics and that's for a reason that nobody wants to touch it.

Margaret Flinter: After the election with all the results finally in we welcomed opposing views on how the election results would impact health policy moving forward with former Obama CMS Administrator Dr. Don Berwick and Jim Capretta former Office of Management and Budget Director under President Bush to discuss where there might be room for bipartisanship and we heard some of that Mark.

Dr. Don Berwick: There should be bipartisan interest in a strong public health infrastructure. It doesn't matter how you vote, you're going to pay the price if we don't have one, and that's got to be government. You can't -- there's no private sector public health defense. We did talk about drugs. I think we're all worried about it. We have different solutions. My solutions are certainly different from Jim’s, but we're concerned enough, we ought to find our way to some answers.

The mental health and substance misuse arena is desperate killing 10s of 1000s of Americans and we have not yet formulated strong public policy on that. I think we probably could find a bipartisan route there. On markets and the ACA, we will continue to disagree. I don't have much faith that market solutions are going to be the ones that work. But then again, I haven't studied Jim's book yet so maybe I’ll change my mind.

Jim Capretta: Well, I think on this question of mental health and substance abuse, it's really bordering on really a crisis in the United States at this point. It really needs to be attended to by both parties, because it's affecting so many aspects of our society. I think there is great interest in both parties and being just

much more aggressive, and putting together a national strategy to really get the problems that are out there a little bit better under control and directed and treated. I'm hopeful that that could be one big area where there could be a lot of bipartisan agreement and movement. Then on these other things, some of them are by necessity, they're going to have to do Medicare probably on a bipartisan basis, because neither party probably has enough kind of political capital to do it on its own.

Mark Masselli: That's so important, we really want to find the seam of opportunity where people from opposing views can come together. Margaret, when we started the show in 2009, we were really interested in highlighting innovators seeking to disrupt the status quo. American healthcare billionaire and entrepreneur Mark Cuban joined us on the show this past year talking about his plans to shake up the prescription drug market with his cost plus drugs.

Mark Cuban: Significantly, I mean, there's very much a vertically integrated environment right now where health insurance companies own PBMs and own retail pharmacies and are expanding into other areas of health care. They keep on creating these fortresses where they control the left pocket and the right pocket. By having so much control, they they're able to create an environment where pricing is opaque. It's confusing, and they have a lot of control.

I mean, and on top of that, because they're able to contract with insurers and major corporations and consultants they're able to play these games where they'll say, okay, if you want access to all these lives then you have to do business manufacturers the way we want to do business. That is unfortunate and creates a lot of pricing distortion for patients.

Margaret Flinger: We were able to welcome Dr. Fauci back on the show after his announcement that he was stepping down after more than 50 years at the National Institute of Allergy and Infectious Disease at the NIH. He hopes to keep finding ways to inspire young people to enter the world of research and science and I think he's probably going to be pretty effective.

Dr. Anthony Fauci: I want to utilize the 54 years of experience I have at the NIH, 38 of which is as director and my experience with seven presidents to use that by writing, by lecturing, by getting involved in advisory capacity to inspire particularly the younger generation to get involved in science and medicine, public health, and particularly to seriously consider public service. I will do that, perhaps writing a memoir. I can't say for

sure but that's one thing that I might do, because people might be interested, particularly the younger people of what the different milestones in a person's career.

Mark Masselli: Dr. Fauci joined us on the show many times over the years talking about the dramatic work he did on HIV, his work in the Ebola outbreak. From the very beginning of the COVID pandemic he's been a steadfast practitioner of science driven medicine and research and will be missed in the public arena.

Margaret Flinter: I will say that I have followed him and his work closely since the early 1980s. It is impossible to calculate the dramatic contributions that he's made to help in science, Mark. Even beset by the personal attacks in this most current round and a little bit in some of his earlier work, he has always maintained his integrity, his grace, his willingness to listen, kept his focus on helping us navigate, including through this, we hope once in a lifetime pandemic.

Mark Masselli: Yeah, such an influential voice in the American health care landscape. Also a little personal plug for us, if you know anyone interested in the quest to end health inequity and injustice in the world and how a small band of dedicated folks can make a huge impact, pick up the new book about our community health organization. I should note that all proceeds are going to our domestic violence shelter and learn about how it began. Wesleyan based writer and author Charlie Barbers wrote a fascinating book entitled Peace & Health. It's available at Amazon or your favorite independent bookstore.

Margaret Flinter: If you're a 20 something, the parents of a 20 something or once we're a 20 something who set out to change the world, it's a great book to pick up and read. You can learn more about us access all of our shows by going to www.chcradio.com. Thanks for listening. Thanks for watching us on the podcast however you choose to join us, most of all for being part of our show this year at Conversations on Health Care. Happy New Year.

Mark Masselli: Happy New Year and more to come in 2023 Peace and Health.

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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 healthcare is a right not a privilege, www.chc1.com and www.chcradio.com.

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