

Donna Christensen, MD, on the intersection of voting and health

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Featured topic and speakers

In today's COVID-19 Update, a conversation with the Hon. Donna M. Christensen, MD, the first female physician to ever serve in Congress, who will share highlights from her recent webinar "The Intersection of Voting and Health"—a special event in honor of Women's History Month—and why this conversation is especially important during the pandemic.

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Speakers

- Hon. Donna M. Christensen, MD, former U.S. representative, U.S. Virgin Islands

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we'll be talking with the Honorable Donna M. Christensen. The first female physician to ever serve in Congress will share highlights from her recent webinar: "The Intersection of Voting and Health," a special event in honor of Women's History Month, and she'll talk about why this conversation is especially important during the pandemic. I'm Todd Unger, AMA's chief experience officer in Chicago.

Dr. Christensen, you represented the Virgin Islands in Congress for nine terms. Can you first share a little bit about your personal story and why you initially decided to give up your family practice and run for Congress? What did you hope to accomplish?

Dr. Christensen: Well, it was really hard to leave my practice, but I was really encouraged to run and my patients supported me. And I went in figuring, I was going to serve my constituents and whatever

their needs were because I had been very active in the community in and outside of health, but health was going to be my priority. That's what I promised my patients when I left.

Unger: How has the pandemic been playing out in the Virgin Islands?

Dr. Christensen: Oh my goodness. I thought I wasn't going to make it today. It's been hectic as everywhere. I do mitigation, so it's a very busy time. We're doing pretty well right now—2.8% positivity rate. About 16% of what we would consider our population is fully vaccinated but, however, we have a lot of vaccine tourism going on, so that 16% probably does not represent just Virgin Islands residents, which is something we're really working hard on, because there is general vaccine hesitancy and a lot of it with the COVID vaccine.

Unger: Well, I want to talk a little bit about your recent webinar, and why don't you start by talking about why voting is directly linked to health and health of physicians' patients. Why do physicians need to care about this?

Dr. Christensen: Yes, because if you really want change, we know what the changes are. We know how to treat diseases. We know how to keep people well, and we now understand a lot about the social and economic and environmental determinants of health. But to change those, you have to put people in office on every level, federal, state, local, who share those concerns, understand those issues and want to do something about it. Who you vote for is critical and it's not necessarily party. You can find people who share your agenda and your views and your passion in either party, but you really need to look at the people and know what they're about and know that their concerns align with what we want to see in health care.

Unger: You mentioned social determinants of health, but you also talk about political determinants of health. Can you explain what some of these are and why it's important for physicians to look beyond health-related legislative issues?

Dr. Christensen: Sure. Because what needs to change is not necessarily specific to health. We need to change the environment in which people live. We need to make sure that there's adequate housing. We need to really focus in on education and make sure there's equity across education as well. You need to make sure there's economic opportunity. You need to make sure that people actually have access to quality health care where they're not discriminated against either in a private setting or even in hospitals and with insurance companies, because that's still going on. It's really important for us to know that we have to go beyond just our practice and, actually, that's what I always said. I took my office practice from my little office in St. Croix and put it on a national level. And I had a great opportunity through the Congressional Black Caucus' support and my leadership support to have a national voice.

Unger: When you think about the political determinants of health, what do you think some of the key

dimensions of that are?

Dr. Christensen: Well, Congress people don't always think in terms of science and what research shows. A lot of times politics is what determines what we do. And it's so important that we change that and we make sure that those we elect really understand what the science is telling us. One example I gave was the needle exchange issue. We fought to have needle exchange allowed to be paid for with federal funds for years and years and years. And the politics did not allow for it, even though the research showed how it saved lives and actually help people get into care.

It's so important to build a public commitment and a public advocacy. Voting is critical. Who you vote for, how you vote is critical, but you can't stop there. You have to continue to advocate for the issues that are important because when you get to Congress or the state house, or the state legislature, even a local office, there are a myriad of issues that come at you. But a lot of them are related to health and I think we need to look at these things through a health prism.

Unger: I mean, there's quite a list. I mean, if you just think about some of the things, gun control, climate change, housing, transportation—

Dr. Christensen: Absolutely. Absolutely.

Unger: —access to care, obesity, all of these things.

Dr. Christensen: Yeah. Access to quality food. Yeah. And the issues around pollution. You mentioned climate change, but you want to vote for people who really understand that climate change is real and how it can affect our health.

Unger: In this pandemic, we've repeatedly seen kind of an amplification of existing disparities in our health system. And you mentioned during your talk that COVID-19 has widened the gap between populations so much that it's going to be tough to close. With so many issues, what should be our top priority right now? That's very serious.

Dr. Christensen: Yeah. And I mentioned that with regard to education because education, there's a significant amount of inequity in education still existing today, in schools systems that are primarily serving Black and Hispanic and American Indian students. And education and income are directly related to quality of life and length of life so we need to address those. But I think making poverty is the root cause of a lot of what happens, but there are changes in systems also.

I mean, we can go back to redlining and how people could only live in certain areas. If you look at "Cancer Alley" in Louisiana, people were really brought there to live while white individuals moved out, and now they're suffering because that's where they were allowed to purchase a home. The systemic things that we need to understand that create the environment, that create the social

determinants and the politicians are who can make that change.

Unger: Well, how do organized medicine and physicians themselves become part of the solution to this? And why is it so important that physicians, in particular, become actively involved in addressing a lot of these issues that you've discussed?

Dr. Christensen: Sure. And I can remember when we were working on getting the ACA passed, standing with the American Medical Association and the National Medical Association, out there doing press conferences and rallies to make sure that people got the message about how important this was to expand health care to the wider population, and we worked very hard at making sure that equity was a part of what we were able to accomplish. Your organizations represent thousands, sometimes hundreds of thousands of people. And if we can galvanize those people and mobilize our membership, that's a lot of votes, and those votes are what can change what happens in our communities and therefore, what happens with our health.

Unger: You mentioned the needle exchange earlier in the conversation. Are there any other kinds of specific ways physicians can contribute or any kind of grassroots work that you find particularly important?

Dr. Christensen: We can work on campaigns, just like anyone else. We can support campaigns. Campaigns take funding, but working on campaigns is really important. Being a messenger for the person that you think can be the change agent that we need. There's a lot of ways to be involved in that, but getting people out to vote, getting involved and get out the vote; registration. It looks like we're going to have some extra people out there protecting folks' ability to vote and that's really critical right now. If we have the voter suppression measures passed and they stand, it's going to be difficult.

Everyone needs to get involved, but physicians are very respected in their communities and people will listen to us because we take care of them. And so, we have a voice and we ought to use it, and remember that it's not just talking about disease. It's talking about the quality of life that people are living in that either support or does not support them being healthy.

Unger: Well, thank you so much, Dr. Christensen, for being here today and talking about that connection between voting and health.

Dr. Christensen: Thank you.

Unger: We really appreciate you being here today and thank you for your continuing service to the country.

Dr. Christensen: Thank you. Thank you, Todd. It's been a pleasure.



Unger: That's it for today's COVID-19 Update. It has been a pleasure. And for more resources on COVID-19, visit ama-assn.org/COVID-19. Everybody out there, take care. Thank you.

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