

RALPH NADER RADIO HOUR EP 304 TRANSCRIPT

Steve Skrovan: Welcome to the *Ralph Nader Radio Hour*. My name is Steve Skrovan along with my cohost David Feldman. Hello David.

David Feldman: Good morning.

Steve Skrovan: By the way David, we have two doctors on today and I don't want you asking for free advice. I know you like to do that when we have doctors on, all right?

David Feldman: No comment.

Steve Skrovan: And we also have the man of the hour, Ralph Nader. Hello Ralph.

Ralph Nader: Hello.

Steve Skrovan: We have another fascinating, informative show for you today. First up we welcome back Dr. Steffi Woolhandler. Dr. Woolhandler is a co-founder and board member for Physicians for a National Health Program, which is the leading association of doctors and other health professionals that advocates for Medicare for All. This topic of national health insurance used to be a taboo subject in national media until only a few years ago. It's still coming under attack in the corporate media, which of course relies on health insurance and pharmaceutical companies for a tremendous amount of their advertising dollars. Just turn on CNN at any random time. That's pretty much all you see. And the Democratic presidential candidates are split on the subject. Bernie Sanders and Elizabeth Warren are arguing for, and Joe Biden, Pete Buttigieg, Amy Klobuchar arguing against promoting as an alternative, a public option. Just recently, a Federal Appeals court ruled that one of the pillars of Obamacare, the individual mandate, you know that you legally have to have health insurance, they say that's unconstitutional. So, this could potentially kick another 17 million people off of healthcare. So, a lot to talk about with Dr. Woolhandler. That's in the first half of the show. In the second half of the show, we welcome back Dr. Bandy Lee. Dr. Lee was a guest a little over two years ago when she edited the book, *The Dangerous Case of Donald Trump: 27 Psychiatrists and Mental Health Experts Assess a President*. Her Twitter profile states that she was "Uninvolved in politics until politics invaded her area of expertise".

Apparently, President Trump's mental health has not improved over time. Prior to the impeachment vote in the House, Dr. Lee along with 970 other health professionals sent a letter to Congress warning of Trump's "dangerous" mental state arising from his "brittle sense of self-worth". Guess it's like the old saying, if 970 mental health professionals tell you you're drunk, you better lie down. Dr. Lee does a psychiatric translation of many of Donald Trump's tweets and has also translated the recent rant he sent to Speaker Nancy Pelosi. It reveals what he's really saying. As always, somewhere in the middle, we'll take a short pause to check in with our corporate crime reporter Russell Mokhiber. We've got a big show today, so let's get to it with our first guest who will give us the latest in the battle for single-payer healthcare. David ...

David Feldman: Dr. Steffi Woolhandler is a practicing primary care physician, distinguished Professor of Public Health and Health Policy in the City University of New York School of Public Health, an adjunct professor at Albert Einstein College of Medicine and lecturer in Medicine at Harvard Medical School. Dr. Woolhandler has authored more than 150 journal articles, reviews, chapters in books on health policy. She's a co-founder of Physicians for a National Health Program, which is a nonprofit research and education organization that advocates for single-payer national health insurance. Welcome back to the *Ralph Nader Radio Hour*. Dr Steffi Woolhandler.

Dr. Steffi Woolhandler: Pleasure to be here.

Ralph Nader: Welcome back indeed Steffi. I'm sure you've noticed that the discussion of single-payer full Medicare for All in Congress has been such that the advocates for single-payer seem to be on the defensive, that the defenders of Obamacare and the defenders of the current corrupt, discriminatory, expensive system seem to have corralled some of the advocates of single-payer into an economic argument over 10 years, 20 years, 30 years. But as you know better than most people, there are dozens of reasons to prefer single-payer, which have played out favorably in Canada. And you and Dr. Himmelstein did the first study when you were at Harvard Medical School, that was peer reviewed. It said that 45,000 Americans die every year because they can't get diagnosed and treated in time, because they can't afford health insurance. This was before Obamacare. The figure may be slightly less. How do you explain the lack of using all the arguments that are available against the present corrupt, deadly system and in favor of single-payer by the promoters in Congress and elsewhere of single-payer? It's just astonishing to me.

Dr. Steffi Woolhandler: Well, there's been a huge influx of money into political advertising from the pharmaceutical and insurance industry. Over the summer, half of all political advertising in Iowa was paid for by this conservative group called the Partnership for America's Healthcare Future, really funded by the drug companies and the insurance industry; half of all political advertising [was] from this one entity. So, we're facing some very rich corporate foes who are willing to spend as much as it takes to try to fool the American public and trick them into believing that Medicare for All is somehow a problem. We do know from other countries that have Medicare for All systems that they spend half as much, that patients don't have co-pays or deductibles for covered services and that patients have complete free choice of doctor and hospital. And many of these countries have longer life expectancy and better health statistics than we do. So, the facts on the ground clearly favor a Medicare for All model, but it's just, these are some very powerful corporate foes spending tens of millions of dollars misinforming the American people.

Ralph Nader: Well, as you know, the best bill in the House on single-payer, which you and Dr. Himmelstein had a hand in drafting, is supported by over 120 Democrats in the House of Representatives. That's a lot of lawmakers and the chief sponsor is Representative Jayapal of Washington State. Now I was in the office of Representative Jayapal a few days ago and I spoke with her chief of staff. He was a new chief of staff, however, I said, "Have you ever heard of Dr. John Geyman?" And he said, no. And as you know, Dr. John Geyman, he's in his 80's now, a heroic figure in many ways, former professor of medicine, practicing family physician, has written a whole number of books on Obamacare, Trumpcare and he's coming out with one on the terrible situation affecting long-term healthcare for elderly patients. And that's just an example that absolutely astonishes me. You have, Bernie Sanders has a bill, which is not as good as the House

bill, but he's for single-payer. You have Elizabeth Warren, who's for single-payer, and I don't know who her consultants are, but they really steered her into a serious trap with projecting \$20, \$30 trillion. Of course, even if that was the case for single-payer, it is much cheaper than what the 20/30-year projection would have been for the present profiteering, corrupt, wasteful system. But she was thrown on the defensive for several weeks if not continuing. Her advisor is a professor from University of Pennsylvania [Ezekiel] Emanuel; I think he's the brother of Rahm Emmanuel who was Clinton's advisor.. Why don't they start this way? It saves more lives. It is more efficient. It reduces anxiety, dread and fear, which is rife in this country. I'm talking about single-payer and it comes in at half price per capita on the average in Canada. Canada, the latest I checked, comes in at \$5,000 per capita per patient. We're at \$10,000 per capita per patient. In Canada everybody's covered for that price. In the US we have 29 million people not covered and another 50 million under covered. Now, why can't these political candidates, why can't these lawmakers make all these arguments? I just put out something called "25 Ways the Canadian Healthcare System is Better than Obamacare" for the 2020 elections. People in Canada don't fear changing jobs, because they might lose their healthcare, among one of many differences. Can you enlighten our serious listeners, who have heard quite a bit about full Medicare for All on prior programs, why the protagonists allow themselves to be thrown on the defensive and don't make all the arguments?

Dr. Steffi Woolhandler: Well, I certainly think Bernie has been very good at making an argument similar to what you're saying. He even in like 90 seconds or two or three minutes, has been able to make most of the points that you're making--that things are better in countries with single-payer; they're cheaper, people live longer, there's less worry about healthcare. I think Elizabeth Warren has made some of those arguments. She did decide that she had to figure out a way to say she was doing this without raising taxes. I think that's a little bit silly. I think it's much more straightforward to do what Bernie did and say, yes, we're going to raise your taxes but we're going to lower your premiums and you'll end up ahead. But she made a very elaborate transition plan to be able to avoid saying she's going to raise middle-class taxes. But you know that's a political decision. I'm not a politician, but as a health policy expert, I can tell you that you need to have a simple system. You need to pass it and implement it right away, because implementing it over time means that you don't get any administrative savings and it becomes too expensive to actually get to the system you want. I mean the beauty of the single-payer system, you have to implement the whole thing, but once you implement it, you get huge savings on administration, because it's very easy to implement insurance that's universal, you have a very low overhead of only about 2% versus in multi-payer systems the overhead is usually about 12%. You make it possible for your hospitals to simplify their billing departments that pretty much get rid of their billing department and just receive a lump-sum budget, the way any other service like a fire department would get a budget. You make things simpler for your doctors, because they send all their bills one place. So that kind of administrative simplification in Canada saves them about at least half a trillion dollars a year on just paperwork and bureaucracy costs and use that money to cover everyone. But if you do some sort of halfway measure, some sort of public option or half public half private, you do not get those administrative savings and you have to come up with the extra half trillion dollars a year in funding in order to cover everyone. So, I'm definitely an advocate for going all the way to single-payer immediately, because that's the only way you get the administrative savings that make it affordable.

Ralph Nader: How long you think the transition period would be from single-payer replacing the existing system?

Dr. Steffi Woolhandler: Well, I think the best example, best experience we can use is the US Medicare program. And it was signed into law by President Johnson and it started paying doctors and hospitals 11 months later having signed up 19 million senior citizens in less than 11 months. And this was an era before computers. This was often on postcards and pieces of paper. So, it is not from a technical point of view, you can implement a single-payer system within a year. So, if we're just starting the technical side of signing people up and arranging payment, that can be done in 11 months or a year like the Medicare program was. So, I think that's how the transitions should be. The transition needs to be the amount of time it takes to set the system up. You know, you need to do some special efforts for instance, for people who lose their job, because if you're saving half a trillion dollars on administrative expenses, you're obviously cutting out a lot of administrative jobs. So, you do want to set a big chunk of money aside for several years to help those people find new jobs, to support their income, to retrain them. You do want to do an orderly transition. The hospital budget is very high now and if you're planning on setting it lower you need to do that gradually. You can't just go in and start cutting the budget. Even if it's a wasteful budget, you can't cut every penny of it right away, but I do think, you know, within a couple of years, you ought to be able to complete the entire transition, and frankly within the first year, you ought to be able to transition the payment system completely.

Ralph Nader: We're talking with Dr. Steffi Woolhandler who was one of the pioneers in documenting the superiority of a single-payer system and all the horrific administrative costs, personal vulnerabilities, human casualties of the present system. I have a lot of cousins in Canada and I was lead author of a book called *Canada First* years ago, and they don't even see a bill for the most part, when they go. They have their Medicaid; they go for an orthopedic operation and then they have rehabilitation and they don't see a bill. In our country, because of the system, the bills are sheet after sheet of computerized code and inscrutable inserts and as a result, unlike in Canada, we have--according to Professor Malcolm Sparrow at Harvard, an applied mathematician who has been on the show, and a 1992 Congressional report--right this year, a minimum of \$350 billion in computerized fraud, billing fraud; 350 billion with a B. That's almost half of the military budget. Steffi, I have not heard a single candidate who is supportive of single-payer make that point.

Dr. Steffi Woolhandler: Well, okay. The billing fraud within the current healthcare system, I could speak a little bit to that. One of the things you want to do with a single-payer system is switch a hospital to lump sum budgeting. So instead of having a hospital bill for each patient, you decide the budget the hospital needs in negotiations, and then one-twelfth of that budget is placed into the hospital's bank account every month. There's nothing strange about that. That's the way a fire department in the United States would negotiate and receive budget. That's the way a public school negotiates and receives the budget, but you could do that for hospitals as well, which is exactly what they do in Canada. And what that means is you can't do billing fraud. You know, I guess there's always perhaps there's ways people can be crooks or something, but because you're just giving the hospital budget and then auditing it, you minimize the fraud potential through that global budget. In terms of physicians, if physicians have to send all their bills to the single-payer, then the single-payer knows exactly what he bills for and if you're billing for more hours of patient

care than there are hours in the day, the single-payer knows about it. If you're billing for two-year analyses on every patient [who] comes through your door, the single-payer knows about it, because it has all the information right there. So, I think in fact, monitoring for fraud becomes much easier in a single-payer system. And there would probably be some additional savings on that. I think that money you save on billing fraud is money that you got to save and ought to transfer to the care that patients need and they're not getting today.

Ralph Nader: What do you think of the medical profession here? They opposed Medicare in the 1960's, but they have become more and more dependent on the big health insurance companies, the drug companies, the corporate establishment; it's lost much of its independence, the medical profession. Do you think they're going to become more aggressive? The polls show a narrow majority of doctors want single-payer, because they want to practice medicine, not bookkeeping and they don't want to be harassed and a larger number of nurses want it, but do you see us ever getting single-payer without a much stronger involvement by your profession?

Dr. Steffi Woolhandler: Well, I think you're right that the profession is changing in terms of its views. It's become much more liberal on healthcare financing issues. And I think you're right, it's about 50-50, with 50% or more of doctors saying they would be okay with the single-payer system. There're obviously some people who, doctors who are the real entrepreneurs, are very high rolling and making millions of dollars. Those people are not very happy with the idea of single-payer, because it would cut into their incomes, however, for the average doctor who makes her living seeing patients, in fact the incomes would be fairly stable if we transition to single-payer and the doctors would have more of their time and resources to spend on patient care and be wasting less of the time and resources on administration. So, certainly the polls are supporting what you're saying that the medical profession has shifted its views with a light majority now favoring single-payer. That's good news in terms of implementing single-payer, because it's pretty hard to reform a healthcare system if your entire medical profession is lined up against you, but in general, doctors in countries that have succeeded in getting to universal healthcare seem to be doing pretty well. The doctors in Canada are not, I'm sure they have their complaints, but by and large they are well paid. They're happy with their work. If they want, they could immigrate to the United States. Very few of them do. In fact, most US doctors are going the other way these days. So, you know, I think the doctors have moved on this issue and the work that our organization, Physicians for a National Health Program does is to keep getting them moving even farther and faster into the single-payer camp.

Ralph Nader: But the biggest outstanding argument, Steffi, is 160 million people already have healthcare and they're very pleased with it. You want to take it away from them? Can you respond to that?

Dr. Steffi Woolhandler: Yeah. Well, I think if you look at the polls closely, you find that people are saying they like their doctor or they like their hospital. They're not saying they like their own private insurance company. What they really care about is having coverage that allows them to make a choice of the doctor or hospital or other practitioners. They want to see another practitioner and you know, but the insurance industry loves to confuse people and poses that question to people in a way that makes them think that what they're really talking about is choice of doctor and

hospital. So, you know, choice of doctor and hospitals is people care about; choice of insurance they really don't care and I think that's what the polls say.

Ralph Nader: And also, if you've never had to file a claim, you're happy with your health plan, but when you file a claim and you see how often it's denied, I think the Nurses Association, California put out a study a few years ago, where one-third of the medically recommended procedures were denied by the major health insurance companies in California, but you know, it's a puzzling problem. President Truman recommended universal healthcare over 60 years ago and we're still grappling with this situation. What about the big corporations? They don't really like to have to pay health insurance. They don't like to have to, through intermediaries, bicker with their employees about coverage. Why aren't they more of a lobby? Because in Canada it's a competitive advantage for General Motors of Canada not to have to pay health insurance compared to General Motors in the US, which pays more for health insurance than it does for steel and manufacturing its products. So why aren't they coming forward and becoming a lobby on Capitol Hill?

Dr. Steffi Woolhandler: Well, you're absolutely right that the lower total cost of healthcare in Canada represents a comparative advantage for Canadian manufacturing, which has not contracted as rapidly as manufacturing in the United States basically, because the healthcare costs mean that production costs are lower in Canada despite good wages. Canadians get pretty good wages, but their healthcare costs are so much lower. You know, I think the business community is aware of the fact that if you don't pay for healthcare out of wages or as part of the compensation of workers, you will have to pay for it as a tax. That's just true. You do have to pay for it somewhere and they're aware of the fact that they would likely be the ones paying the tax. So, I'm not sure they're convinced that they would be paying a lot less, at least in the short run. I think over the long run, as our healthcare costs started to come down and approached the lower levels that we see in Canada, they would start to save money. But it doesn't seem that likely that the first year or two they would save money, because their taxes would go up to recapture the money that they're now spending on health benefits.

Ralph Nader: What about the daily hassle with employees needing medical care? And it's almost always a prominent factor in the acrimony during labor union negotiations with these corporations. Don't they take all that into account that they can be relieved of that?

Dr. Steffi Woolhandler: Well, certainly a lot of contract negotiations center around healthcare costs, because with healthcare costs going up year upon year, there's a big acrimony about who's supposed to pay for that extra 4% or 5% or 7% or 8%. So, it would really improve the labor management relations if healthcare costs were stable and only went up with inflation, and didn't keep exceeding inflation; that would be off the table in terms of the negotiations. And you know, from a union's perspective, might make it a little easier for the unions to win other benefits or wage increases. But you know, I think the simple answer is, it's actually better for everyone if you can have a system that's both higher quality and cheaper, which is what you can get with a single-payer system and we know you can get it, because we've seen they've gotten that in Canada.

Ralph Nader: Well, the crisis is coming. There is a crisis now, obviously an economic crisis, a human crisis. When Medicare was passed in the 1960's, the share of the Gross National Product

devoted to healthcare expenditures was about 3% and now it's about 18% and probably in 30 years it will cross 26%, 27% of all expenditure in our entire economy. When will the rubber band snap in terms of getting Congress to go with all other Western democracies with a single-payer system?

Dr. Steffi Woolhandler: Well, we certainly are trying to make that snap as soon as possible. I think there's the economic cost that you're talking about at the national level, but there's always also these huge economic costs that families pay as out-of-pocket costs or premiums and these huge health costs that we pay, which is Americans not getting care and being sick or dying young as a result. So, I think we need to be pushing, as advocates, as a political movement, me as a physician; we need to be pushing to get this system fixed so that people can get the healthcare they need and doctors can actually focus on getting patients well and not on finances.

Ralph Nader: Well, Warren Buffett is worth about \$60 billion, once said that it's a pretty rational system to have full Medicare for All, free choice of doctor and hospital. He knows economies when he sees them, and he also knows what the situation is in Canada and other countries where he has investments. The Head of General Motors in Canada Jack Smith, when he became Head of General Motors worldwide situated in Detroit said, "Yeah, it works pretty well in Canada". But I think the restraint on big business is that they don't want to take another big business to the woodshed. I mean, if the big corporations took on the health insurance giants and the drug giants, they would be arguing for displacing the health insurance corporations and limiting the greed and profits of the drug companies. And they're just not willing to engage in that kind of seismic collision publicly, because they fear that it could come back to haunt them in terms of some kind of retaliation. So, there's a kind of silent concordat between big business that I've seen over the years. Dr. Woolhandler, can you give our listeners the website for Physicians for a National Health Program, where they'll really get a lot of good information? They can see there are thousands of physicians who belong to this supporting single-payer.

Dr. Steffi Woolhandler: Sure, you can just Google Physicians for a National Health Program. Our initials are P-N-H-P. So that would be www.PNHP.org. On Twitter, we're at PNHP, but go online and educate yourself about it and join us in really getting this work done to move the country to a reform that we need that single-payer reform.

Ralph Nader: Listeners get involved on this, because there's no way we can escape this problem other than to succumb to it with all its pain, misery and economic oppression. We have to face up to it. We're the majority. We can turn Congress around. Why don't we get more functionally indignant and informed and start doing it in the coming election year? Steffi, is there anything else you'd like to tell our listeners before we close?

Dr. Steffi Woolhandler: No, I would agree now is the time to get involved. There's a lot of discussion about this around the presidential primaries and you can write letters to the editor. You can attend community meetings, you can educate yourself, but you'll find that there's a lot of interest in the issue right now everywhere and it's a very good time to get involved.

Ralph Nader: Thank you very much Steffi and to be continued. You've pioneered with Dr. Himmelstein, with those great articles in *The New England Journal of Medicine* documenting the waste and harm and repression of the current system and highlighting what single-payer systems

in Canada and other countries can do if we were smart enough to emulate them and even improve on their record. Thank you very much, Steffi.

Dr. Steffi Woolhandler: Okay, my pleasure.

Steve Skrovan: We've been speaking with Dr. Steffi Woolhandler, we will link to her work at Ralphnaderradiohour.com. We're going to take a short break. When we come back, we're going to talk to Dr. Bandy X Lee about the current state of Donald Trump's psyche, but first, let's find out what's going on in the corporate crime underworld with our corporate crime reporter Russell Mokhiber.

Russell Mokhiber: From the National Press Building in Washington, DC. This is your Corporate Crime Reporter Morning Minute for Thursday, December 26th, 2019. I'm Russell Mokhiber. After Prime Minister Justin Trudeau's failed efforts to see SNC-Lavalin avoid prosecution led to him losing two key ministries, his edge in the polls and almost his party's hold on the government, the Quebec engineering firm at the center of the controversy walked away with a plea deal that looks a lot like what it asked the government for in the first place. That's according to a report from the CBC [Canadian Broadcasting Corporation]. A judge last week accepted the plea deal that a division of SNC-Lavalin group struck with the office of the Director of Public Prosecutions. Under the agreement, the company pled guilty to one charge of fraud over \$5,000 in relation to the company's activities in Libya. All other charges have been dropped. "We are happy; the company is happy", said SNC-Lavalin lawyer François Fontaine. For the Corporate Crime Reporter, I'm Russell Mokhiber.

Steve Skrovan: Thank you Russell. You know in some ways Donald Trump is an open book. He appears to be almost completely unfiltered. His tweeting and his speaking at rallies, as well as the recent letter he sent the House Speaker Nancy Pelosi, provides us with a unique glimpse into his thinking almost hour by hour. With the impeachment now a reality and a Senate trial looming, Donald Trump is under increased pressure, concerned not only with his upcoming re-election, but with his legacy. Despite the bravado, how does he really seem to be dealing with it? And what does that mean for the rest of us? Our next guest has some answers. David?

David Feldman: Dr. Bandy Lee is a forensic psychiatrist on the faculty of Yale School of Medicine. Dr. Lee edited the book, *The Dangerous Case of Donald Trump: 27 Psychiatrists and Mental Health Experts Assess a President*. Prior to the impeachment vote in the House, she, along with 970 other health professionals sent a letter to Congress members warning of Trump's "dangerous" mental state arising from his "brittle sense of self-worth". Dr. Lee also did a psychological translation of President Trump's recent letter to House Speaker Nancy Pelosi. Welcome back to the *Ralph Nader Radio Hour*. Dr Bandy Lee.

Dr. Bandy Lee: Hi. Thank you for having me.

Ralph Nader: Welcome back Bandy. We've just put out, Mark Green and I, a book called *Fake President* on Donald J. Trump.

Dr. Bandy Lee: Yes, I saw that.

Ralph Nader: And it has a lot of his quotations and his statements, which really, when you put some of them, you don't have to put all of them together, lead us to conclude that he is a very unstable egomaniac. I mean he said things like only I could fix it and I am a stable genius and I know more about war than the generals and I know more about taxes than the tax experts and I know more about this and that. I mean this is a president speaking, you know, not some upstart entrepreneur full of vainglorious ideas. And of course, he has expressed publicly an admiration for dictators and he names them and he said, "I wish I had that kind of power in the White House, and then he makes the classic statement that will be indelible through history, which I wish the Democrats stated more on the floor when they impeached him. Here's what he said, "From Article II, I can do whatever I want as President". Really? Has he read Article II? Has he read Article I in terms of the most power being put in the hands of the Congress? So, now you've looked at it from a perspective of social psychology and psychiatry, what do you make of him today before we get into the analysis that hundreds of people in your specialty made of his six-page rambling letter to Nancy Pelosi?

Dr. Bandy Lee: Well, first of all, I take responsibility for all my views. My views are my own. In my book I already state that there are reasons that the population was attracted to a president who with such faulty characteristics as you outline and for decades I had been concerned about the state of our collective mental health, public mental health. And so, the fact that there were enough voters, even if he lost by 3 million of the popular vote, he still had enough to win this presidency, and that's very telling of our society. So, I'm actually looking forward to reading your book. I read your open letter; don't have the book yet, but your letter already states that a "Fake President" is someone who was unfit to fulfill the duties of the office due to a lack of stability, integrity, honesty and knowledge. And I have actually often said that Donald Trump is like a captain at the wheel of a ship whose mind is actually really not there, who's asleep at the wheel. And it's very dangerous because many people may look at him and he appears as if he is functioning, but in fact the mental capacity is not there. And so, you will have done an analysis from your perspective. We've actually done an analysis from our perspective based on, you know, intimate co-worker reports of interacting with him under sworn testimony. It's the best kind of data you could get, in the Mueller Report and he failed every criterion of mental capacity. So, imagine that that we have someone who doesn't have the capacity for almost any job is actually holding the highest office in the country!

Ralph Nader: Well, there's overwhelming evidence in the following realms. Number one, he doesn't read; he can't stand briefings more than just a minute or two by his advisors. He spends almost all his time watching cable TV and tweeting. He's now tweeting recently at the rate of a hundred a day and how much time does he have to preside over the agencies and departments of government and the corrupt henchman that he's put in the area of regulatory health and safety? The answer is virtually nothing. That, by the way, is a violation of our Constitution. There is a duty in the Constitution that the President has to preside and supervise his nominees, his appointments, his Cabinet secretaries, his agency heads. So that's one. He's just clueless there and has no interest. He's like an AWOL President in the oval office. The second is he's clocked at over 14,000 lies and fabrications by *The Washington Post* and others and when you lie about serious matters of state, when you say: I have made the water cleaner, I have made the air cleaner, I have brought more manufacturing jobs than my predecessor, I have produced tax cuts for the

mass of the Americans, instead of overwhelmingly for the rich. When he talks about these things, they create a fantasy world and so he is removed from reason, logic, facts and the voters who believe in him, he is separating them from reality, which can be very, very uncomfortable for those voters. When you live in an unreal world because you believe the leader, it's a very serious problem, not just for Donald Trump, there is a social-psychiatric problem.

Dr. Bandy Lee: Yes.

Ralph Nader: The country is always throughout history, all people live by myths, they live by fabrications of their leaders, or they live by refutation of these fabrications, or they live by the truth and by logic and reason. So, he's affecting millions of people. And I just want to end this comment by replaying a quote I heard by an Ohio worker. He was a blue-collar worker, 52 years old. He moved from Ohio to Georgia and he was asked by a reporter about his views on Trump and here's what he said and I'd like you to analyze that. He said, "They all say that Trump is crazy, but he's saying what I'm thinking. Does that mean I'm crazy?" Your reaction?

Dr. Bandy Lee: A lot of what he's saying is actually his sensing of others' fears, others' wishes, fantasy thinking and conspiracy theories. In fact, when someone is cognitively compromised or compromising their higher functioning, we tend to think that they will simply be debilitated, but that's actually not true. The mind is of many layers and when the higher functions are compromised, the lower functions actually increase in their power; these we call the primitive brain or the primitive impulses. And his primitive desire to be the king of everything, best in everything and admired by everyone, allows him that emotional drive to have that status drive him to sensing the primitive thoughts in other people far more effectively than any conscious mind or strategy could. So, it's very dangerous indeed because he will be echoing those thoughts and people would mistake that as being empathy or understanding other people. He is not doing it to understand other people; he is doing it for his own purposes, for overpowering them, for using them, deceiving and manipulating them and preying upon them. And so those skills are increased in an impaired individual. That's why an element of pathology is far more dangerous than someone simply being evil and ill in intent.

Ralph Nader: What's your take on his nicknames? He's insulting people, right and left by name, sometimes people who nobody's heard of that come across to his attention. He has this penchant for constantly insulting people--Lyin' Ted Cruz, Little Marco Rubio, Crooked Hillary-- and he incites his audience at these big rallies to say, lock him up, lock her up. What is his need constantly to, on the one hand...

Dr. Bandy Lee: Well, it comes from denial and projection. He's actually talking about himself. Whenever he names other people derogatory names, he's actually denying that these qualities belong to him. It's all an unconscious process. So, if he calls someone else those things before he gets called out, it feels like he is immunizing himself a little. And for people who are unarmed, it works. So, he is projecting qualities, he's trying to deny in himself on to other people that he wishes to target and

Ralph Nader: Well, why don't, why don't his adversaries give him his own medicine by giving him nicknames: Dangerous Donald, Decadent Donald, Draft-Dodging Donald, Dumb Donald. Why do they hesitate?

Dr. Bandy Lee: Right. Oh, oh, because its, we don't wish to stoop to his level. But, you're right. We need to point it out. And if people were consulting a psychological professional, that's exactly what we would tell them, that we would throw some of that reflection back on him and that would disarm him and make him incapable of doing more of that. But instead, people in polite society treating him like a normal person when he's severely impaired, have responded the way we would to normal people--with politeness, with courtesy, and people are completely at a loss as to how to handle someone like this.

Ralph Nader: That's one thing on a personal basis, Bandy, but when the mass media replays all these insults and they don't give the victims of his insults any chance to reply, including media like the *New York Times* and *The Washington Post*, not just Fox News or whatever. It's very unfair and they don't seem to know how to neutralize his insults by giving him his own medicine.

Dr. Bandy Lee: The normal course is to play into the hands of pathology and to help it. So not only did people not point this out, they have actively done things that would help him along and make it worse. So, the press coverage, other people's responses have definitely made it all worse.

Ralph Nader: And the other side of his personality is unctuous flattery. Everything is fabulous, is great, you're the best. You're superior, you're great, you're brilliant. What does that signify to you? Massive flattery on one side, massive insults on the other.

Dr. Bandy Lee: Well, he's usually flattering himself and he's puffing himself up with a grandiose façade because he feels that's a reaction against his inner feelings of inadequacy and worthlessness. I mean, he is unable to go for a few days it seems, without credible, unreal levels of adulation. That's why he needs to run rallies once in a while and have everyone around him flatter him in ways that we've never seen in the Cabinet or elsewhere.

Ralph Nader: Now, some of our listeners may be saying, and we're talking with Dr. Bandy Lee, Yale University. Some people might say, this is penny psychiatry. This is nonsense. You should never render any kind of psychological profiling on someone you haven't personally interviewed. A lot of psychiatrists believe that. Okay why, explain that?

Dr. Bandy Lee: I believe that as well. Yes, I believe it's wrong to diagnose someone like your patient when you're not seeing them as your patient and a public figure is never our patient. But it is correct to share our knowledge for the sake of public good to help protect public health and safety. And especially when a public figure who is not our patient is dangerous to the public, then we actually have a duty to inform and educate, warn and protect the public. I mean this is one part of our double responsibility--our responsibility to patients and responsibility to society. So, this counts as our public health duty. The reason why people are conflating the two is because the American Psychiatric Association itself has acted in a very unprecedented and aggressive way to reinterpret its ethical guidelines shortly after Trump's inauguration. This was back in 2017 when they changed the Goldwater Rule, which is actually a very reasonable rule. It means that we have

to meet our responsibility to society by improving the community and bettering public health and the way to do it is when we're asked about a public figure, we educate the public in general terms, just don't diagnose. But they reinterpreted that, instituted a new absolute prohibition in that we cannot say anything about a public figure at all. And that actually forces us to violate every principle of medical ethics and also the universal Declaration of Geneva. All health professionals take the universal pledge by the World Medical Association that's the Declaration of Geneva, which mandates us to speak up when there's a destructive regime. This came right out of the experience of Nazism. It was instituted in 1948 and this one, American Psychiatric Association, one among many. And if this rule doesn't apply to non-members because it can't be admitted to any state licensing agency board, because it violates the First Amendment. And to elevate our courtesy, it's really just a courtesy to a public figure, above our responsibility and duty to the public and to all our other medical responsibilities is really egregious. And I would actually like to note this as the real issue of democracy, because the First Amendment was established for citizens to be able to speak up against the tyrant and who would be best able to detect the personality disorders of a potential tyrant than mental health professionals? And by gagging us, totally silencing us, they have changed the public discussion, in ways that I believe, changed the entire course of our ability to manage this presidency. And I think you would understand this better than anyone, because you have noted the need for social psychiatry and applying the principles of psychiatry to society. Well, we already have that. We already have public mental health and I myself having trained in anthropology, am a social psychiatrist of sorts, and I also work with criminal justice in the legal field as a forensic psychiatrist. And so, there are many tools we could have used.

Ralph Nader: Let's get to the six-page letter that President Trump sent to Nancy Pelosi just before the impeachment debate and vote and you took the lead here. You said, no healthy human being, not even a Republican who loves Donald Trump, can read his letter to Nancy Pelosi and feel comfortable. The letter is a very obvious demonstration of a troubled state of mind and you got 800 mental health professionals to sign a petition asking the House Judiciary Committee to consider mental health aspects. What troubled you about the six-page letter?

Dr. Bandy Lee: It wasn't because of the six-page letter that we put in the petition. The petition went in actually when the Judiciary Committee was having its hearings before their vote. And so already that many mental health professionals signed our petition of concern that as impeachment proceeds that the President will become more dangerous than ever and rapidly so. And the letter actually is a sign of that. As you noted, the frantic tweeting, the increasingly unrealistic rallies, where he is disconnected from reality and the six-page letter that states almost every situation in the opposite of reality and it's a pretty severe manifestation. So, I went ahead and interpreted the letter. In fact, I call these "translations" because once you know the dynamics of how he functions, and we have plenty of information. As you said, he's one of the most transparent Presidents in history. And when we bring a psychoanalytic lens to it, we can figure out his defense mechanisms, the way he denies things or projects things and how he turns around reality, sometimes to delusional levels, because he has such a severe narcissistic pathology and an inability to accept reality the way it is, that he has to fabricate an alternative reality. And that's what he's doing with the letter. And he made it an open public letter so that others will read it and adopt his pathology. In fact, this pathology can be contagious. It spreads and we call it "shared psychosis." That's also something I write about in the op-ed.

Ralph Nader: Explain “shared psychosis” because he's surrounded by people who have to be sycophants. They can try to restrain him, edit some of his tweets, but they have to be sycophants. You're saying this is a contagion that goes beyond the White House, beyond the executive branch and throughout the country and millions of people are part of it?

Dr. Bandy Lee: Yes indeed, that's exactly what I am trying to say. And you said “sycophant.” Has it ever struck you as a bit unusual that really sycophantic individuals are highly intelligent and accomplished and otherwise sane human beings would be as sycophantic as they are? That usually happens when you have a truly paranoid or delusional leader and when their level of impairment is of a degree; it's really a matter of degree. So that's also a degree that is severe and pathological, then there is a phenomenon that happens that is called “shared psychosis”. It's a contagion of the delusions or other symptoms onto individuals who are otherwise healthy. It's actually a very dramatic phenomenon when it happens in households rather than the healthy members of the family making the sick member well, it's the other way around. The healthy members take on symptoms of the sick individual. This is when the sick person goes untreated and it's rather quite graphic in how it happens, but just as quickly, when you remove the sick individual from the household, the other members grow better, sometimes within days. So, you usually hospitalize the person and treat the person and educate the family and then they can re-enter the family, and everything will be fine, but that's the power of mental pathology--how it can just override rational thinking, and simply through the sheer emotional force of it, make healthy individuals look psychotic.

Ralph Nader: Let me interject here a moment, we're talking with Dr Bandy Lee of Yale University. The media is uncomfortable with psychiatrists and social psychologists talking about the President in this way. And you don't get as much media play as many people think you should, but I think....

Dr. Bandy Lee: Yes, there is an active silencing.

Ralph Nader: I think Donald Trump has put his mental health in play, because he talks about other people and labels them crazy--crazy Nancy Pelosi, crazy Bernie Sanders--he always uses the word “crazy.” So, you know, he's lost any kind of caché, any kind of adhering to the taboo that you don't evaluate a President in that way.

Dr. Bandy Lee: You don't use mental health terms as insults, but when actual professionals use them, they are not insults. They are descriptions of actual medical conditions. And we have professional standards. Medical neutrality is one of them and “neutrality” means that you do not change the standards of your assessment depending on the situation or political convenience. And unfortunately we have a very severe situation where simply, you know, silencing the messenger does not make the situation go away and that's partly why as uncomfortable as it is, believe me, it gives me no pleasure to point out what's happening, but I feel a duty to point out what's happening exactly as it is and not downplaying it.

Ralph Nader: Right, Are you getting a lot of pushback from the public and from your colleagues around the country and are you getting a lot of support?

Dr. Bandy Lee: I'm actually getting tremendous support from the public and from my colleagues. What is inhibiting us is the leadership of the American Psychiatric Association. As I said before, they have gone to extreme extents to distort ethics and to play upon public misconceptions, like stating what we're doing is diagnosing for example, when it has nothing to do with diagnosing. And I've actually drawn an analogy between them and the Attorney General [William Barr] who is actually using the Department of Justice and the law to support power rather than support the law. So, this is happening in multiple domains, in the power structure and the media are more afraid and actively silencing us, I believe. I've been invited more than 50 different times on cable news programs and network news, some of them prime time. 100% of them have been canceled. And a reporter based in Washington said you know, "This looks more like there's a memo." The producers want us, and they're constantly looking for us, but then someone high up cuts us off, because it's inconvenient. Or maybe they're afraid that they might be attacked by the President. We know that whistleblowers and informants are vastly less likely to speak up now because of the President's threats. And the same is happening with mental health professionals.

Ralph Nader: Has Trump or his high-level associates responded to you, tweeted about what you're writing?

Dr. Bandy Lee: No, they've been largely silent. But Congress members have been contacting us since the very start. Many Congress members have contacted us, and I've spoken with up to 50 in the end. But, they encourage us to continue educating the public so that they can do from their end what is needed to protect the country. But, obviously after a petition that's been signed by more than 970 professionals in the end did not enable the Congress to be able to consult with us.

Ralph Nader: How about overseas in other countries? Are they more responsive to your writings?

Dr. Bandy Lee: Well, actually our coalition of Mental Health Professionals, we formed a coalition when hundreds and later thousands of mental health professionals got in touch with me from around the country, but we got so many responses from overseas mental health professionals that we actually turned our national coalition into a world coalition. And so, it's a World Mental Health Coalition now with over 4,000 members in total and from all around the world, four different continents I believe.

Ralph Nader: We've been talking with Dr. Bandy Lee from Yale University, who has written a great deal of articles on what is often a taboo subject--what's the mental health state of our President. And I might say that he's not the only President who was in a dubious mental health state, and we better as voters, raise our expectation levels and be much more demanding about the personality, character, and integrity of our leaders, not just in the White House, but in high political office and executive suite of giant corporations. Thank you very much, Dr. Lee.

Dr. Bandy Lee: Thank you very much.

Steve Skrovan: We've been speaking with Dr. Bandy Lee. We will link to her work at ralphnativeradiohour.com. I want to thank our guests again, Dr. Steffi Woolhandler and Dr. Bandy Lee. For those of you listening on the radio, that's our show; for you podcast listeners, stay tuned

for some bonus material we call the Wrap Up. A transcript of this show will appear on the *Ralph Nader Radio Hour* website soon after the episode is posted.

David Feldman: Subscribe to us on our *Ralph Nader Radio Hour* YouTube channel, and for Ralph's weekly column, it's free, go to nader.org. For more from Russell Mokhiber go to corporatecrimereporter.com

Steve Skrovan: And Ralph's got two new books out, the fable, *How the Rats Re-Formed the Congress*. To acquire a copy of that go to ratsreformcongress.org, and *To The Ramparts: How Bush and Obama Paved the Way For the Trump Presidency and Why It Isn't Too Late To Reverse Course*. And of course, I should have said three books, because it's also *Fake President*, which we referred to in this show, which he wrote with Mark Green. We will link to that also.

David Feldman: Join us next week on the *Ralph Nader Radio Hour*. Thank you, Ralph.

Ralph Nader: Thank you everybody. Have a good holiday season and let's hope for a more productive and just New Year.