

Reflections on Senator Kennedy
By Robert Wood Johnson Health Policy Fellows, 1976-2005

The following recollections reflect the experiences of 8 of the RWJ Health Policy Fellows who had the privilege of working for the late Senator Edward M. Kennedy during their fellowship years. These reflections span 30 years of the Senator's career from 1976 to 2005.

Sister Rosemary Donley PhD, RN, C-ANP, RWJ Fellow 1976-77
The Catholic University of America

I was a Fellow from 1976-1977. Jimmy Carter was in the White House (second year) and the Democrats had the majority in both houses. During the second half of the fellowship, I worked with The Committee on Human Resources. Pete Williams from New Jersey was the chair and Becky Beauregard was my mentor. Becky's job (it became my job too) was to monitor the Human Resources sub-committee on health that was chaired by Ted Kennedy. Dave Blumenthal and Stu Shapiro were the staff members that we worked with. The Senate sub-committee was moving through its agenda more slowly than the Energy and Commerce's subcommittee on health. Because I had my first assignment on the House side, I was very familiar with the agenda of the sub-committee. I was impressed with the fact that Ted Kennedy was informed and intellectually as well as emotionally engaged with the legislation. He had the amazing ability to be able to speak at the hearings and simultaneously listen to his staff speaking into his right and left ears. He could also introduce what they were saying into his line of questioning. Amazing.

I remember the hearings around the article in Mother Jones about the marketing baby formula around the world. I was privileged to be invited to the closed door meeting with the multinational companies. The sub-committee had no jurisdiction over the major companies but you never would have known that by observing the Senator.

I also remember the day when the planning bill escaped the full committee. It recognized that cat scanning devices (the technology of the day) were in radiology centers and private physician offices, not just in hospitals. The previous legislation had only regulated hospital based cat scanning technology. I did not see myself as a regulator, but I was pleased that the playing field was going to be equal if the bill passed. Senator Kennedy was very happy and personally thanked the staff that had worked on the bill. I was very proud of myself. Later that summer, I learned a lesson in politics. You can win the battle and lose the war. The amendment was removed on the Senate floor. Great memories; great man.

Richard Levinson, PhD, RWJ Fellow 1983-84
Professor and Executive Associate Dean
Rollins School of Public Health, Emory University

My interaction with Senator Kennedy was episodic and related to particular issues or events. I do, however, have some lasting memories and an appreciation for the Senator as a person and national leader.

The Committee Experience

My experience was enriched by the opportunity to work not only with Dave Nexon and the Kennedy staff but with the majority staff (Hatch) headed by David Sundwall. The close collaboration of majority and minority staff took its signal from the two senators who interacted with mutual respect and found common ground on some legislation, thereby advancing public policy. I considered myself to be a beneficiary of that relationship on the top.

Eloquence

On a few occasions, I prepared talking points on issues and heard them voiced by Senator Kennedy. I was impressed by his ability to make eloquent, detailed and informed speeches with so little preparation. Heading into a press conference on a complex matter he had not dealt with for quite some time, he whispered, "just get me started," and with a couple of words from me he was off on an animated and well reasoned statement.

I prepared talking points on a series of amendments to retain expenditures on several health and social welfare programs during a debate on deficit reduction. The principal speaker opposing each amendment would be Senator Dole (Chair of the Finance Committee), whose talking points were prepared by Beth Kutza, another RWJ Fellow. (I must admit we compared notes in advance.) I accompanied Senator Kennedy to the senate floor that day. Each time, he would draw from just the first talking point to launch into a soaring speech, with a mix of emotion, brilliant rhetoric and reason. It was like watching a great musician perform. It must have played well to the gallery but we lost each vote handily, as predicted.

Pain and Restlessness

At the end of a briefing for an upcoming hearing on technology assessment, I remember the Senator struggling to lift himself out of an arm chair, his face and body expressing severe pain. Minutes later he was yelling to senior personal staff about finding places to go, who to visit and how to get there on the coming weekend. Rather than seeking rest, I learned that he seemed always to be looking for action and stimulation, restlessness at that time of his life.

Keith R. Powell, M.D. RWJ Fellow 1992-93

Children's Hospital Medical Center of Akron

I applied for a RWJ fellowship because I was passionate about vaccine policy and ended up working with the "poverty" staff in Senator Kennedy's Committee office rather than with the health care policy staff. With Debbie Von Zinkernagel and staff from Senators Riegel and Bumpers offices we drafted the Vaccine for Children Act. President Clinton was interested in this legislation so we ended working with Donna Shalala's staff to finalize the bill which was actually passed before I finished my fellowship.

After a couple of months working in Senator Kennedy's office I had yet to see him except at a distance at the staff Christmas party. The running joke in our fellowship class was that I might be the first RWJ fellow to complete the fellowship without having "face" time with the Senator. That did not turn out to be the case. Senator Kennedy was asked to give a speech on immunizations. We prepared a notebook and then were picked up by his driver so that we could brief him on the way to the where he was speaking. During the 15 minute ride we gave him the overview of what the event was and the information he needed for his speech. When we arrived, the Senator introduced me to the other speakers and, when his turn to speak came, he delivered an eloquent speech that included a vast knowledge and rich history in immunization policy. When we got back in the car to return to the Hart building, Senator Kennedy leaned over the back of the front seat and asked me how the work to develop a heat stable oral polio vaccine was going. He recalled that he had supported Senator Bradley to get funding for this project a couple of years earlier. When I left the car, it was clear to me that face time with Senator Kennedy was not important. What was important was that I was supporting an individual who was a great advocate for children and a great statesman. I did spend some more time with the Senator after this and was always content to work on writing the best legislation on vaccine for children possible, knowing that it would have the full backing of Senator Kennedy.

P. Pearl O'Rourke, RWJ Fellow 1995-96

Partners Health Care System, Inc.

I was a RWJ fellow in 1995-1996 and worked in the Senate Labor Committee Office of Ted Kennedy who at that time served as the minority chair. It was the days of HIPAA and, for me, the FDA Modernization Act (FDAMA).

The very day I decided to work in Kennedy's office, I was paraded into THE office by Nick Littlefield who introduced me to Kennedy as if I were on a short list for a Nobel Prize. I was heartily welcomed, asked about my background and my interests and

thanked in advance for my help, my expertise and my yet-to-be-defined contributions. By the end of my first afternoon, I had a desk, a computer, a Senate ID – and Kennedy's personal welcome which made me feel as if I had been presented with the team jacket. I was ready.

The scope of health-related issues was incredible and forced me well out of my comfort zone. While my main focus included NIH and FDA related issues, I was also asked to provide comments on such items as immunization requirements for immigration; saccharine notices in food markets. And when the issues seemed too bizarre, too diffuse, I always had the sage advice and friendship of David Nexon. It quickly became obvious that the strength of the office reflected not only Ted Kennedy himself, but his leadership style that recognized the importance of having, nurturing and motivating a strong staff.

I performed the basic tasks of a staff member, summarizing the most convoluted issues into single page documents, writing memos, participating in briefings, staffing him at hearings. Most exciting were the work meetings with Senator Kennedy himself – when called to the office and asked to present facts and defend suggestions and opinions. One did not go unprepared. Given the FDAMA legislation and Kennedy's leadership on this issue, I had numerous trips to the office regarding specifics of this bill. And rather than single page documents we developed the FDAMA notebook that expanded on a daily basis. The notebook went home with Kennedy every night as part of the 'bag.' And each morning it would come back to us with sticky-notes and questions in the margins. The questions were insightful, the answers difficult and not obvious – when did he have the time to digest all of this information and figure out what to ask?

Shared stories from others reminded me of the 'memo-cycle.' Every night you deposited the relevant memos into the BAG...and the next day, the memos were returned with Kennedy's feedback – agree, disagree, or see me. As others have mentioned, I cherished the personal note that included any accolade. "Good job" from Ted Kennedy – WOW!

But best memories are more personal. Going with him to NIH where he met with patients and families and displayed the most amazing mixture of compassion, respect, interest. He thanked them for their time and he humbly said that he needed their help and the insight of their life-experience. Walking down a corridor with him as he burst into song. Rushing out of the capital with him as he hurried to a waiting SUV. He was running late...but on the way to the car, in his peripheral vision he spied a 6th grade field trip with a number of the kids shyly waving. He stopped – like a magnet he was drawn to the kids. He wanted to know who they were, where they were from, what they had visited in DC. And then - how he would love to get some pictures with them. Kennedy assigned me as photographer and in an instant there was a puddle of 20 cameras at me feet. I took the same picture 20 times - Kennedy's smile and enthusiasm were the same in photo number 20 as they were on the first click. The kids loved it...the Senator loved it...I loved it. It was an honor being a part of his team.

David A. Pollack, RWJ Fellow 1998-99

Professor for Public Policy

Oregon Health and Science University

The following are selections from my chronicle of working in Senator Kennedy's health office in 1999 (an unpublished book, entitled "Shrink Rapped Health Policy"). They reflect the nature and ambience of working in Kennedy's office, but also the amazing capacities and qualities of this truly great and unforgettable man.

February, 1999

I began work in the office of the health staff for Senator Kennedy. He is probably the most influential person in the Senate on health issues and had been part of most of the key health legislation of the past 20-30 years. His role on the Labor Committee, as ranking member of the minority, made him the key Democrat in organizing and collaborating with the other Democrats as well as coordinating and negotiating with the Republicans on a wide variety of health issues, especially those that relate to public health and private insurance issues.

The staff in the health office were very bright, surprisingly seasoned (compared to the generally Gen-X nature of the staff of most other offices), and quite interested in using congressional fellows to do a major amount of their work. They were very supportive of me. After an initial period orienting myself to the office procedures and protocols, I was given an agenda of issues to work on, many of which had mental health as their focus. In particular, I was to be involved with the reauthorization of SAMHSA (the federal Substance Abuse and Mental Health Services Agency), as well as the mental health aspects of the medical records privacy bill and the patient protection legislation. Almost immediately I was inundated with tons of background reading, began setting up various meetings to get things rolling, and consulting with others about the best ideas and strategies to pursue.

A few words about the Kennedy Health Subcommittee office. I worked in the Minority (meaning Democratic) Health Subcommittee Office of the Labor Committee, of which the Senator (as he is called) was the ranking member. The office had three full time legislative staff, five fellows, a marvelously organized and unflappable young office manager, and an ever-rotating collection of interns (college students here for anywhere for 1-6 months), who were a nice consolation for not having a secretary. The two main staff, David and Cybele, were terrific people, extremely bright and energetic. They directed our activities but gave us each a number of issues to be primarily responsible for (with periodic checking in and guidance from them, especially with regard to the political aspects). They took the lead on the most critical and high profile issues, such as managed care reform (known fondly, if not optimistically, as the Patient's Bill of Rights), Medicare reform, and the overall shepherding of our agenda. We had a list of 50-60 different health issues to deal with, some related to specific legislation or regulatory activities, some simply issues to keep track of for Massachusetts constituents or to make sure the majority didn't pull a fast one on us. So, each of us had 8-12

specific issues to be personally responsible for tracking. For the issues that may have legislative initiatives associated with them, we were often the leadership for the other Democratic offices in the committee, but more about that later.

The office was in Hart, the newest of the three senate office buildings, a big eight story box with a huge central atrium filled with the largest Alexander Calder mobile/stabile I have ever seen. The space in our office was rather cramped, with bookshelves and desks filled with files, books, and briefing binders on all the issues the office had ever dealt with. I shared a small cramped office with two or three other fellows. Two fellows occupied the office across the hall. We were all over everywhere and in each other's spaces all the time, partly because we collaborated on so many issues. The pace was frenetic, but quite comfortable and eerily familiar for a hypomanic refugee from an urban community mental health center. We jumped from one issue to another, ran off to meetings, darted away for a quick lunch or bathroom break, but often found ourselves working well into the evening. I got into a strange routine of looking up from my computer and realizing that ("Goodness gracious! It's 8:30 already; I guess I should go home") I was completely absorbed by what I was doing and not tired until it dawned on me that I should be.

Since I was the only mental health person in the office, and since we were the main office dealing with health issues, I was handed all of the mental health issues. The other offices of members of the committee (in particular Senator Paul Wellstone, the Democratic champion of mental health issues) were very involved in health issues, but usually in a more selective way, taking the lead only on specific issues that they staked claims over, but not nearly as many as our office managed.

It turned out that Senator Kennedy was Mister Health (and Mister Labor, Education, Judiciary, and a few other Misters as well) in the Senate, having been the key legislator on countless issues over the prior 37 years (yes, that's right, he was the longest sitting Democratic senator after West Virginia's patrician, Robert Byrd). Therefore, we in the Kennedy office were in a fairly influential position on the issues that we managed.

The issues I had included the reauthorization of the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency charged with funding services research and block grants to the states for community based mental health and addictions services. It was an exciting project, because it afforded opportunities to incorporate one or more new initiatives into the agency's program agenda. It was a challenge, both in terms of getting fully up to speed on the issues involved with the legislation (which had been evolving for 2-3 years and included several major negotiated agreements on certain provisions), to effectively coordinate and lead (with sufficient attention to all the political ramifications) the staff from the other minority offices, and to relate effectively to the staff from the Republican offices without revealing too much or becoming too contentious.

I also worked on a proposal to allow certain people between 55-64 to buy into Medicare when they lost other coverage, the mental health aspects of the bill on privacy and confidentiality of medical records, the mental health aspects of managed care reform, and a few other issues that became more active later. There was no way I could be

fully informed and on top of each of these issues. The apparent goal was to stay just enough informed on any particular issue to deal with it sufficiently to keep others thinking that you are on top of it and then to cram on the issues that became hot.

We also got occasional mini-research assignments to check out questions that one of our bosses tossed to us with minimal notice, requiring sudden attention to another new issue. I became an expert on several fairly arcane aspects of Medicare, indigent care for hospitals, and post traumatic stress disorder in children who witness violence. The other occasional activity was dealing with and making recommendations on requests to meet with the Senator or to have him attend some public event or private meeting that related to one of my issues.

So, I spent a lot of time jumping from one activity/issue/assignment to another, going to frequent meetings, making lots and lots of phone calls, and writing memos and letters for the Senator. In my spare time, I read any of about 40 different documents that were critical to understanding my issues. It was an exhausting way to live and work, but exciting and interesting, and thankfully it was time-limited.

May, 1999

The First Speech

One of the first requests I received in the office was from the American Psychological Association to have the Senator come to their legislative leadership banquet to receive an award for his long and effective commitment to the needs of persons with mental illness. Apparently legislators are offered all kinds of recognition and invitations to speak, probably no one more than my boss, and I learned to be very selective in what we recommended for him to accept, because his schedule was so tight. But this was a good opportunity to capitalize on what seemed to me to be a big year for mental health issues (and hopefully my first opportunity to meet the man, since one didn't get to spend any time with him unless staffing him on something). I mean, it seemed like a no-brainer, with the President having agreed to have one of a White House Conference on mental health issues in the spring and the Surgeon General about to release a pivotal report on mental health in the fall (not to mention a myriad of potential mental health legislative initiatives that we were conjuring up). So, he decided to do this event.

I had the privilege and burden of having to write the Senator's award acceptance speech. I figured it needed to be clever and inspirational in order to motivate the audience to go out the next day to lobby their federal legislators to support the bills that we were working on. So, I wrote a speech that succinctly highlighted the mental health legislative agenda as the "4 P's" for the 106th Congress: Patients' Bill of Rights (managed care reform), Parity, Privacy, and Primary Care (i.e., how mental health issues interface with primary care providers).

I included a section on how mental health issues were portrayed in the popular media, indicating that some films and TV programs had improved the images of persons with mental illness and the treatment process, citing, in particular, a brand new TV series on

HBO called *The Sopranos*. After the speech was approved by the various levels of vetting that the Senator's speeches required, I realized that, in the weeks between the time I wrote the speech and when it was to be delivered, something very bad could occur. I was worried that the pro-(and anti-)tagonist, the mafia kingpin, Tony Soprano, who was seeing a psychiatrist for his panic disorder, might end up having a sexual liaison (or some other inappropriate interaction) with the psychiatrist. I developed my own panic disorder and imagined the embarrassment the Senator might have if such a boundary violation occurred. Like any enterprising Kennedy staffer, I decided to call HBO to find out if something like this would happen.

The conversation went something like this:

Me: Hello, HBO, I have written a speech on mental health policy for Senator Kennedy. In it I have praised *The Sopranos* for the way it portrays the psychiatrist patient relationship. I need to know if anything untoward occurs between them during this season.

HBO (calling back after a brief 30 minute wait): We've checked with the writers and director and they say nothing of this sort occurs this season. However, the show has been renewed for a second season and we can't guarantee what will happen then.

Me: That's okay. The American public's attention span is so short that we aren't too worried about what happens next season. While I have you on the phone, tell me something. Who is the psychiatric consultant working with the program? He or she is doing a great job of advising them about how psychiatric treatment is supposed to be done.

HBO (after another 30 minute wait): I spoke with the "talent" (i.e., the actors, writers, director, etc.) and they say that there is no psychiatric consultant. They base the portrayal of the psychiatric treatment on their own collective experiences of being in treatment.

Me: In Treatment. Hmm. That sounds like the basis for a whole new HBO series. (I made this last part up, but, in retrospect, wish I had been so prescient).

The speech was a smashing success, with 400 excited psychologists giving the Senator a rousing reception and multiple standing ovations throughout his presentation. He delivered the speech without a hitch, inserting occasional pithy anecdotes or inspirational encouragement to the audience. Needless to say, he was very pleased. The three month wait to meet him may have been worth it.

Trauma Gets Stressed

Shortly after I started in the Kennedy health office, I got involved with a proposal, put forth by one of the Senator's major supporters, a philanthropist cum child services advocate. His concern was specific to kids with PTSD, especially those who witness or survive community or domestic violence. He was in touch with a number of child mental

health experts from around the country, with whom he wanted me to consult. His particular concern was that most persons with PTSD get little or no health coverage for this condition, especially the subgroup who are witness/survivors. His ultimate goal was for us to succeed in raising this issue, hopefully with some legislative success, so that it could be used to help the Senator in his upcoming reelection.

This project launched me on an odyssey of research, networking, and legislative creativity that was a fascinating learning experience. This was especially true with regard to the legislative process and led to some rewarding results, thanks to some clever strategizing and a tragic, but serendipitous event that was beyond anyone's immediate control. This journey required me to learn and use many skills that are part of the beltway culture: knowing how to package an idea, learning how to successfully negotiate with the Republican majority from a position of weakness, and being alert to and seizing on moments of opportunity that may never come again.

The PTSD related issues became entwined in almost all of the issues I was working on, so focusing on them gives me the opportunity to briefly highlight the overall mental health agenda for the session. First of all, the mental health parity bill was being revisited and upgraded. Senators Wellstone and Domenici concluded lengthy negotiations to introduce a bill that approached full parity. It certainly corrected some of the more egregious holes in the 1996 parity act. As part of those negotiations, we convinced Wellstone's office to insist on PTSD being one of the favored diagnoses to receive full parity consideration (going beyond NAMI's agenda of granting full parity only to the "brain-based disorders", like schizophrenia and major mood disorders). This was a major coup and may have helped many of the mainstream mental health organizations be more inclined to support the Domenici-Wellstone bill (of which my boss became an original co-sponsor).

We used the example of PTSD to emphasize some of the shortcomings of the Republican version of managed care reform, their so-called Patients' Bill of Rights Plus (which was really a "Minus"). These cases highlighted the callous and narrow-minded indifference of the insurance and health plan industry, especially their short-term focus on health care profits over the more relevant overall costs of untreated health problems (including indirect costs, such as lost productivity and other social costs).

We started the ball rolling to get a GAO (Government Accounting Office) study going on the extent of coverage for PTSD. GAO studies are done all the time and are frequently used as data to support or defeat certain legislative proposals. Having the opportunity to work with the GAO staff who deal with health issues was very interesting, both in terms of what they can and cannot do. Their research can be fairly flawed if one does not work closely with them to get them to fully understand what they are studying; so collaboration and consultation skills come in very handy there.

The SAMHSA bill was also very intertwined with this traumatic stress issue. I created a provision for the bill that would provide grant money to study the best ways to treat the witness/survivor group of patients, including a grant project for developing national centers of excellence in research and training in the area of psychological trauma. This provision was one of many that we proposed to the Republicans for inclusion in the bill.

It was a provision that they were initially receptive to, but not very encouraging, because it involved a \$50 million price tag, not exactly in line with their plan to cut the budget and return the windfall excess revenues back to the wealthy in the form of tax relief. But, then came the Columbine tragedy and, all of a sudden, our provision looked like a pretty good idea, especially since every breathing legislator seemed to be developing bills to address children and schools and guns and our insane media-driven culture of violence.

Finally, there was the White House Conference on Mental Health. Shortly after the conference was announced by Tipper Gore and then referenced in the President's State of the Union Speech, I decided to see if I could get involved with the planning for this event. It only seemed logical to me that the planners might be interested in the consultation support that I, one of the only psychiatrists with significant public sector experience working on the Hill, might be able to provide. Well, logic doesn't always prevail in this place. It took me a lot of calls, memos, political string pulling, and perseverance to get through the tight boundary around the planning process. I ended up helping out in modest ways and hoped to get my Senator some role in the event if his schedule would allow.

When the Columbine killings occurred, the theme of children and violence suddenly got added to the conference agenda and I shared some of my information and ideas with the planners.

Colonoscopies for Everyone Who Needs Them

One assignment I received was to help create a bill to mandate private insurance plans to cover the screening procedures used for early identification of colon cancer. (I suspect I was given this project to prove that I was a "real" doctor.) Colon cancer is a major killer and is extremely easy to identify and treat, if only people are offered and accept the opportunity to have the proper screening done, including colonoscopy exams. Needless to say, the Republicans and the health plan industry hated the notion of another mandate, but this is an idea that had a lot of popular support, especially with the number of celebrities who had been affected by the disease.

We got the Senator to agree to go on the bill and to do a press conference publicizing the importance of the issue. These events always involve celebrities or emotionally gripping victims, even better if you have celebrities who are also victims; otherwise the press won't come. So, we had Katie Couric, whose husband died at a very young age of undetected colon cancer, all lined up to do this one. We were also going to get Darryl Strawberry, the New York Yankee who was recently diagnosed, but he had the misfortune of getting arrested on drug and solicitation charges, which somehow made his desirability as a spokesperson for our bill a bit less compelling. But, not to worry, we had another ballplayer, Eric Davis, who was both a successfully treated patient and apparently not prone to misbehavior.

Working with the Senator

I had the privilege of meeting with, staffing, and attending several hearings with the Senator. He was an impressively well prepared and incisive leader, who knew exactly what questions to ask and what political strategies will be most effective. He gave old-fashioned stem-winding speeches on the floor of the Senate. In spite of being known as a very “liberal” politician, he managed to get Republican co-sponsors on most of the key bills he succeeded in passing. Being the minority leader of two major committees, HELP (Health, Education, Labor, and Pensions) and Judiciary, he managed to master a wide range of issues, including many that were outside of the two committees’ jurisdictions. With 60-80 staff working on a wide variety of issues, all of whose work eventually got funneled to him, he was incredibly busy, able to shift gears at a moment’s notice, and still managed to exhibit compassion and humor in many of his interpersonal interactions.

The Senator had an unmatched capacity for generosity and outreach to those who were less fortunate than he, a quality that clearly drove his legislative agenda. One small example of this character trait occurred as we were going from his Senate office to the Capitol for a hearing one day. We took the underground train to the Capitol building and got on the elevator to go to the Senate floor. The elevator operator, who seemed to have the physical characteristics of Down’s syndrome, greeted the Senator with a childlike grin. The Senator struck up a conversation with the young man, inquiring about how he was doing. As we were about to leave, the Senator reached into his pocket and handed him a coupon for a free ice cream cone, recalling that the young man was a lover of sweets. He winked at him and walked on, shifting his focus back to the bill we were about to discuss as quickly as he had turned his generosity towards the young man.

Our process of communicating with him included working out ideas through one of several senior staff persons or by sending him a succinct but complete memo summarizing an issue, recommending a meeting, or asking for a decision on how to proceed on some legislative issue. He would take a briefcase full of these memos and any briefing books for the next day’s events with him every evening. We then got any of our memos back the next day, usually with some comment scribbled in the margin. Rarely, as I discovered, he would write “good note!” on the memo and someone in the personal office would affix a red star on it. When it got returned to you, you had the personal satisfaction of having gotten positive recognition from the Senator and accolades from your office mates. It seemed that I was reliving 5th grade in some ways, but I didn’t mind.

July, 1999

White House Mental Health Conference

In June, a national summit on children exposed to violence was held in DC. I attended most of this three day event and was finally able to meet many of the experts I had been

corresponding with during the time I worked on the issue. The meeting was quite impressive, staged by the public affairs division of Court TV. There were some very moving video clips that succinctly underscored key issues, such as the need to attend to the problems experienced by witnesses/survivors, the importance of good prenatal and parenting training, the positive and negative potential of media coverage of traumatic events, and the importance of creating community collaborations between the schools, mental health programs, and corrections systems.

One of the panel discussions included Janet Reno, who turned out to be the star of the whole conference. She was unbelievably articulate and insightful with her comments, which she made extemporaneously and with an elegance that overcame the visible difficulties she has with her Parkinson's symptoms. We were so fortunate to have in this woman a great combination of a strong, honorable, and unquestionably bright leader, who was also committed to helping people with the best and most progressive solutions.

Senator Kennedy swooped in, a consequence of his incredibly busy schedule, to make the closing comments at this conference. He was right on target, noting the key issues associated with the problem of violence and children in our society, and alluding to some of the pending legislative initiatives that could address them. He also announced a conference to happen in Boston in late July, a state version of this same topic. We had been working on this Boston event hoping to emphasize the issue and make it supportive of the Senator's reelection campaign, so this was the kick-off announcement for it.

I had been collaborating with several other Kennedy staffers to plan this Youth Violence Summit, which changed so many times in terms of content, location, format, and participants that I could barely keep up with the latest plans. But it did look like it would happen after all. I thought I would get to go to Boston to help staff the event, but subsequent events conspired to prevent that.

Colonoscopy Update

We had our press conference to introduce the bill on colorectal cancer screening. Our substitute baseball star, Eric Davis, cancelled at the last minute, but the event went off very well anyway, since we had another celebrity victim (an apparent necessity if one wants to get any attention for a less than sexy topic like colon cancer).

Just prior to the event, we had to update the Senator on the issue. Because of the tightness of his schedule, we had to meet him in his "hide-away", a room in the Capitol building for him to relax or have meetings in between votes. Each Senator has one, but Senator Kennedy's is quite nice (remember he was the 3rd longest sitting Senator and tenure has its privileges), up on the third floor, with a beautiful view to the west, a fireplace, many important family pictures and art, including some of his own watercolors. We explained the bill to him in a few minutes, such that he was able to do the press conference without any problems. I was continually amazed at his ability to cover so many issues with at least meaningful understanding of them, not to mention his mastery over many of the diverse and important ones.

The next step was to find a Republican co-sponsor. Because this bill was likely to be viewed as an insurance mandate, which of course it was, Republicans were likely to avoid supporting it. They wouldn't want to do anything to upset the private insurance companies, as was so ably demonstrated in the Patients' Bill of Rights debate (more about that later). Senator Kennedy had an amazing reputation for attracting, in spite of his "ultra-liberal" image, unlikely co-sponsors for many of his bills, such as Orrin Hatch or Nancy Kassebaum who joined him on two landmark health bills. Without going into the tedious detail, let me simply say that I stunned the other folks in the Kennedy office when I managed to secure the co-sponsorship of Jesse Helms on the colon cancer bill, an accomplishment that the Senator's chief of staff said was "newsworthy". It was probably the greatest political coup of my fellowship year, even though I didn't do much to make it happen (Helms' wife had suffered for years from the effects of colon cancer, which made recruiting him as a cosponsor a no-brainer). But that is another axiom of Washington culture: take credit for anything that you can conceivably claim, as you mercilessly claw your way to the top.

We organized a meeting of the various patient and professional advocacy groups to develop strategies to get this bill moving. It led to plans for a comprehensive letter writing, e-mail, and lobbying campaign to get lots of members to sign on to the House and Senate versions of the bill. We also put on a Congressional staff briefing, attracting a fair number of staffers, in which we had experts and a cancer survivor speak about the illness, the science associated with screening for it, and why these folks should get their bosses to sign on to the bill. It was quite successful and was intended to help the bill to move. Of course, that meant that it could take several years for it to pass through the bowels of Congress, a lot longer than the colon's usual contents, but much less time than a cancer takes to develop.

Patient's Bill of Rights

The week of the debate was a frenzied and frightful time, but was replete with innumerable entertaining and eloquent speeches and interactions on the floor. Our staff, who were working directly on the bill, were up until 2 AM or later every night. I was mainly working on SAMHSA, only peripherally involved with PBOR, so I got out early, by 10-11:30 each night. The staff prepared dozens of statements, briefing books, large charts (summary point: "we're right and they're wrong, just as this data clearly shows"), and pictures of victims (summary point: "we care, they are heartless"). We were ready to battle for the hearts and minds of the public, knowing that we would likely lose the actual vote on the bill.

The debate revealed some really terrific speakers on both sides, and some discouragingly dim bulbs. I was biased, but I believed (and the post-debate polling and the comments from various observers, including a number of Republican staffers, bore this out) that our side kicked butt. One of the better exchanges was when Senator Kennedy was exercised over one of the critical amendments, probably the one about access to specialists. His rather animated rhetorical style prompted the assistant majority leader, Senator Nickles, to opine that he feared that his friend from Massachusetts might be at risk of having a heart attack, but as luck would have it, the Republicans' health hero, Dr. Frist (the cardiac surgeon from Tennessee, whose brother

incidentally owned Columbia HCA, one of the larger HMO conglomerates) was nearby and he could take care of Senator Kennedy. My boss shot back before Nickles could blink, "But under your Republican plan, the Patients' Bill of Wrongs, I wouldn't be allowed to see Dr. Frist because he is a specialist!"

As the day of the vote approached, the political ads on radio and television escalated in tone and frequency. It seemed that Harry and Louise were returning to haunt us once again. The most common ad struck fear into the viewing public by claiming that "Ted Kennedy's health care bill will cost each family in this country hundreds of dollars in increased premiums and will cause thousands of people to lose their health insurance!" or words to that effect. We all came into the office and asked one another how it felt to work at the center of evil in the universe.

As it turned out, costs were at the heart of the debate and so were burgers. The Kennedy line was that the average family would experience an increase in premium costs of just over \$2 per month, the equivalent of a Big Mac. The Republicans seized upon this, using their own distorted budget estimates to create charts with huge piles of hamburgers to represent the "real" costs to consumers and to claim that the Democratic plan was a Big Mac Attack. This was the level of intellectual exchange that our leaders aspired to. Pretty impressive, huh?

The vote came and went. All the Democratic amendments went down on party line votes, with only a few Republican defectors, but not enough to turn the tide. The final vote was anticlimactic, a foregone conclusion. We had lost the vote, but had won the debate.

The Second Speech

One of my goals in being in the Kennedy health office was to raise the Senator's interest and his public profile in relation to mental health issues. In addition to focusing on all the current and potential mental health legislation, I pushed the idea of having him participate in several public activities associated with mental health. The most important of these were two speeches that I wrote for him. The first was in March. The second occurred in July.

I had sent a memo to the Senator saying that we should capitalize on the importance that mental health was obtaining during this particular year. With the White House Conference and an upcoming Surgeon General's Report on Mental Health, as well as the pending mental health parity bill and a number of other factors, it was likely that mental health would get more attention during this year than it had in quite a while. So, I recommended that he do a major policy speech on mental health issues, with particular emphasis on his vision of the overall mental health legislative agenda.

Part of the rationale for doing this was to help promote these issues by having the Senate's foremost leader on health claim them as important to his overall health agenda. It was also to provide him another positive leadership issue to utilize in his reelection campaign (all policy has its political implications). The Senator agreed, so I wrote the speech.

But we also had to find a venue for the speech. This was not as difficult as I had thought it would be. I searched for an upcoming convention in DC or Boston, one that would have at least a nominal connection to health or mental health issues. Eventually I identified the annual meeting of a national homeless service provider organization. All I had to do was to call them, even though it was only 5 weeks before their convention, and ask if they wanted Senator Kennedy to give a keynote address. The organizer's response was like the Red Sea parting before Moses. They made a premium time slot available to him, stopped the presses on their convention program so we could include him on the schedule, and arranged for a VIP to introduce him. Everything was falling into place. It seemed to be too easy and too good to be true.

As we approached the week of the convention, several things happened which threatened to scuttle the speech. Of course, I had to send the draft of the speech to the Senator's chief of staff, who, like Bob Cratchitt, spent much of his time receiving from all Kennedy staff any documents that would go out as statements, letters, or speeches under the Senator's name. He had a reputation for severely cutting and transforming the drafts he received. My health office boss had told me to cover the history of the federal government's role in mental health policy and then to outline the Senator's legislative agenda. So, the draft was fairly long and I expected it to be cut way down. After I received the edited version back, which was only slightly shortened and certainly much improved, I figured this would indeed be a major policy speech. I got press announcements out, especially to the mental health trade press, and passed the word to others that a major speech was about to occur.

With only 2-3 days to go, the scheduler in the Senator's office called to let me know that there was a vote scheduled on Friday morning at the same time as the speech and did we really need to do it?? I was a bit freaked, but told her that we had to do it, even if it were to be delayed until after the vote. The organizer of the homeless group was more freaked than I, since she had also talked up the keynote and was expecting the Senator to be the highlight of the meeting.

On the morning of the speech, I became even more concerned. The Patients' Bill of Rights debate and vote had extended well into the previous evening, so the Senator hadn't had the time to review the speech beforehand. I took his untouched briefing book with me as his driver and I waited in his van at the steps of the Capitol. The vote that morning was a perfunctory one and was over by 10:40, giving us plenty of time to drive to the hotel for the 11 AM scheduled time for the speech. Only, he didn't come out. He was still inside consulting with staff about other issues.

We waited for a long time. The van driver told me that this meant that the Senator was going to cancel, that he didn't usually schedule speeches for this time of day on a Friday when he was trying to get a lot of business done in time to leave town by early afternoon, especially unlikely for him to do it if he hadn't read the speech ahead of time. Okay, now I was doing my best to fend off a panic attack, thinking about 500 people sitting impatiently in a large hotel ballroom, wondering how I would explain this to the woman I had promised two hours earlier that he would definitely show.....When finally, he came hustling down the Capitol steps and into the van. We zoomed off and I called ahead to alert the folks at the hotel that we were on our way.

In the van, Senator Kennedy flipped through the text of the speech (30+ pages, albeit in very large font), reading it rapidly as we sped to the hotel. He asked a couple questions, said it was a good speech, and that I should send it to three friends of his, Mike Wallace, Art Buchwald, and William Styron to get their reactions to it. We got to the hotel by 11:45. We whisked him into the ballroom and were met by a roomful of cheering and applauding social activists from all over the country. He was introduced to the crowd by an enthusiastic housing activist from Massachusetts, who said that, although Senator Kennedy didn't succeed in his run for the Presidency in 1980, this man had been "the true President for all the poor" and disadvantaged in this country since that time.

After that rousing beginning, the Senator made a series of extemporaneous comments, lauding the group for their social commitment and chiding the Republicans for their hypocritical votes on the Patients' Bill of Rights and for giving themselves big raises while opposing any increase in the minimum wage. He certainly had them warmed up. He then launched into the prepared remarks. He delivered the speech flawlessly, intoning the emphases in the proper places, and making clever asides about several points. Towards the end, with only a few paragraphs to go, he began to very effectively summarize the last several points (pretty impressive for having only skimmed the speech for the first time 30 minutes earlier) and finished somewhat abruptly, but with a standing ovation and cheers from the crowd, several of whom had to have their pictures taken with him as we tried to leave.

After we got into the van, he turned to me (Of course, I figured he was going to complain that the speech was too long and that he never should have agreed to do this event which had crammed his very busy day. I have often criticized others for indulging in catastrophic fears. On this day, I topped them, and in a much more narcissistic way that was indescribably silly, especially in view of the real catastrophe that occurred only hours later.). He actually apologized to me for having cut the last part of the speech short. He said it was a very good speech, which read well and flowed nicely from one point to the next. His problem was that he had taped a television interview earlier in the day and the makeup had not been sufficiently removed so that when he began to sweat (it was a very hot day in mid-July); it ran down into his eyes such that he couldn't see. So he just summarized the last 5 pages from memory. I told him he did terrific and there was no need to apologize. We had done well and he was able to go on to his next three or four meetings, before leaving in a couple hours to go to the joyful event in Hyanisport that turned out to be the tragic death of John Kennedy Jr. that gripped the entire world for the next seven days.

Death and Transfiguration

The disappearance and discovery of the plane crash involving JFK Jr and his wife and friend that occurred on the Friday evening after the mental health speech sent most of us to our television sets to watch the tragedy unfold on Saturday and into the next week. Most of us were in shock for a while, but had to keep up with our work, in some ways to work even harder, since the Senator was away for the whole week and would have to be brought up to speed when he returned. It was a very odd experience, trying to work

on our issues with one eye on the TV, listening for the latest discovery or profile of another Kennedy family member.

(The event in Boston that I had been working on got postponed, so I didn't get to go to Boston after all, but it would have been both wholly inappropriate and logistically crazy to try to do it so soon after this latest public event in the Kennedy family saga.)

The public response to the events was curious for its apparent reflection of our societal need for royalty, or at least an archetypal family onto whom we can project our collective wishes and dread. It also showed what capacity there is in people to identify with wealth and power. But, of course, it also demonstrated the audacious and rapacious capacity of the media to pander to all things curious.

It was indeed a tragic and very sad event, but one in which Senator Kennedy ended up getting more positive attention than he had in many years. His strength in being the patriarch of the family, the one to whom others turned for support, his eloquent and moving eulogy, his rallying the family to hold up under unbelievable pressure and media intrusiveness, his ability to stay in touch with issues still going on in the Senate; these all added up to an incredibly powerful, caring, and capable man, a man whose positive qualities clearly outweighed the public flaws and previous problems that had for too long been the focal point for vilification and political opportunism by his opponents. One of the many profiles and interviews about the Senator that occurred was one in which several pundits were asked to assess his legacy, especially in view of his having survived all his brothers by so many years. The expert said that Ted Kennedy would go down as one of the ten greatest Senators in United States history. I believe that may be true, but how would one really know. I only know that to work for him was a truly rewarding and inspiring experience.

SAMHSA Gets Marked Up

The process of the markup was fascinating. This occurred about 10 days after the death of JFK Jr., and the Senator had only recently returned from the anguish and grief filled week of the family's loss and the media's obsessive attention to it. Nevertheless, he had to return to Senate business and one of the first items to deal with was the SAMHSA markup.

We briefed him on the morning of the markup session. Although he was rumored to be morose and not really ready to be back at work, he was fully alert and tuned in to what we were presenting, asking penetrating questions and clearly getting the gist of what was going on. His role as ranking member meant that the other Democratic members were looking to him for leadership on many of the issues.

Although we had prepared an amendment to dismantle the charitable choice provision's most problematic part, the employment discrimination piece (knowing that it couldn't pass over the Republican majority, but having to do so anyway for the sake of political appearances), the Senator didn't want to carry the ball on the debate for the amendment (He was still somewhat somber and this was perfectly understandable). So, another member, Jack Reed from Rhode Island, agreed to lead the debate.

Senator Reed did a marvelous job, citing the history of many of the early greats in American history as being strongly opposed to religious dogmatism, including Rhode Island's own Roger Williams and the former general and President from Tennessee, Andrew Jackson. When he mentioned Jackson, Senator Reed looked right at Senator Frist, almost winking as he saw the Tennessee Republican squirm just a bit. In the end, it made no difference, however. We won the debate, but lost the vote. But it was fun to watch, another bit of lively bit of Senate theater.

Closing Thoughts

The fact that I ended up in the office of Senator Kennedy was particularly rewarding. I came into an office that was a churning health policy legislation factory, filled with eager and interesting folks and unceasing ideas. There were enough staff and fellows from various walks of the health world, that I was assigned a diverse portfolio of issues, but one which was dominated by issues in the area of mental health and substance abuse. The staff in the office gave me plenty of responsibility and authority to manage several of the issues in a fairly independent fashion. Although the working conditions were not unlike that of an upscale sweatshop, with antiquated and frustratingly slow computers and an abundance of noise and other distractions, it was an environment that was exciting, stimulating, and mutually supportive. We also had a steady stream of bright, energetic, and collaborative interns, who were able to take on some of the less interesting and more tedious tasks associated with some of our assignments. Being able to work with the Senator, and to observe his ability to blend brilliant strategic thinking with generosity and unlimited human compassion, will remain one of the major highlights and influential experiences of my life.

It was a fascinating experience and a rather sobering one as well. For all my idealistic notions of progressive politics and my cynicism about the political establishment, I came away with a great respect for our governmental process, in spite of the obvious silliness, craven partisanship, and obscene corporate influence that pervades the place. Most of all, I came away with a sense of awe and admiration for the many very dedicated and extremely hardworking folks who inhabit the Congress, the federal bureaucracies, and the lobbying world, even some of the Republicans. That isn't to say that there isn't an abundance of self-serving status seekers and slimy operators who are simply interested in short-term gains for themselves or their clients, because there is. But there are also a lot of folks who care about this country, its people, its environment, and the process by which policies are made and implemented, and occasionally the good guys win, even when the victory comes in the form of a complicated compromise.

Postscript

In the 10 years that followed my time in the Kennedy office, I was gratified to witness the passage of bills which contained several provisions on which I had worked. In 2000, the SAMHSA reauthorization passed, including the provision providing funding for research and treatment of trauma survivors, eerily just before the devastation that followed 9-11, a provision that allowed outpatient physicians to prescribe drugs for the

treatment of opiate addiction, reversing over 80 years of misguided addiction treatment policy that had separated some addiction treatment from the rest of health care, and provisions that established integration of mental health, addictions, and primary care services as a high priority for funding, which has only recently been actualized. Even more gratifying was the Senator's persistent support for overall health reform, what he called his "life's work", both in the form of the HELP Committee's bill that was passed after the Senator's death and the comprehensive mental health parity bills, relating to commercial insurance and Medicare, that were passed in late 2008. Watching the Senator's sons' eloquent eulogies at his funeral provided emotionally satisfying closure. Ted Kennedy Jr. highlighted his father's infinite hope and encouragement of others. Patrick, who has courageously acknowledged his own struggles with depression and substance misuse, praised his father for his unwavering commitment to health reform and equitable treatment of persons with mental health conditions. Who could ask for more?

Mark M. Rasenick, RWJ Fellow 1999-2000
Distinguished UIC Professor of Physiology & Biophysics and Psychiatry
Director, Biomedical Neuroscience Training Program
U. Illinois Chicago College of Medicine

Getting a gold star on one's memos with a request from the senator for more info or simply a comment about the missive being highly informative was something that gave me an huge emotional lift. Here I am, older than everyone on the Committee staff save Nexon, and I'm feeling the way I did on those rare occasions I received a gold star from a grade-school teacher.

Talking about sailing with the senator and trying to convince him (oh so subtly) what a great idea it would be to have me on his crew. He told me how challenging it was to handle that two-masted beauty. What a kind way to tell me that I was out of my mind to drop those hints. At least, we did talk about sailing a few times after that. He thought that the idea of sailing on fresh water (this is Lake Michigan, mind you) was quaint.

Talking a bit about what I had been doing in Cuba, which turned into a discussion about cigars.

The senator exclaiming, upon reading a statement that I had prepared for a hearing, "Mark, that really sounds terrific. Have a cigar." We both smoked in his office (it was a 30 minute meeting). During that same meeting, Vicki's son came into the office. I think he was 17 at the time. The Senator told him to sit down and listen, because they were going to learn something about the brain (actually, we even had some fMRI images for his statement on the importance of the biology of psychiatric disease and it's relevance to parity). He was quite a good listener and asked

more probing questions than do the first year medical students.

On another occasion, when working on mental health issues, the Senator stated that "Patrick should have never mentioned that he had struggled with mental health issues". I reminded him that we were trying to emphasize the science so that we would eliminate the stigma, so that, in a sense it was very good that Patrick went public. He said, "You are absolutely correct, but he still should have kept quiet about it". He made it clear that he was just being a protective father which he felt, in this case, required making an exception to policy.

During one hearing when I was staffing the Senator, MTV was following him for their "Rock the Vote" series. My daughter received a call from one of her friends saying, "Your dad's on MTV. He's whispering into some guy's ear". I never remembered to mention it to Senator Kennedy, but I am sure that he would have found it amusing.

I had to stay well into October (something made possible by spending 3 days a week in DC at Jonelle Rowe's apartment) because we were conferencing on SAMHSA reauthorization. The Senator offered to call my Dean to stress how important it was that I be there (Nexon was pretty insistent about it). I told him that my Dean was a conservative Republican, so it was better off that I dealt with the issue. When I mentioned to him (the Dean) that EMK had offered to call, but I steered him away, he was aghast, saying that it didn't matter what his politics were, the chance to have a conversation with Senator Kennedy was something he would have cherished. Regardless, my Dean made it easy for me to finish working on the bill (which was signed shortly after I left). Since President Clinton was in Egypt, our red-lined copies bear the signature of Strom Thurmond.

Finally, four years after I returned to Chicago, Helene and I were at a Kerry fundraiser here. The speakers were Senator Kennedy and Caroline. After the senator finished speaking, he saw me and came over to chat (the moustache pretty much insures recognition). He then gestured to Helene, asking whether she was my wife. When she affirmed this, he said "Thank you for lending me Mark for the year. It must have been difficult to be without him for so long." She was absolutely charmed. And, as always, he was absolutely charming.

Ed Dunn, MD, RWJ Fellow, 2000-2001

VA National Center for Patient Safety

After 18 years of medical practice as a cardiothoracic surgeon and two years of graduate school in public administration and public health policy, I was an RWJ Health Policy Fellow in Senator Kennedy's office as a legislative staff member on the Senate HELP Committee from the fall of 2000 through August 2001. My policy portfolio during that period included Patient Safety, reauthorization of the Public Health Service Act, Long Term Care, and the Nursing shortage.

My interactions with "the Senator" while working in the committee office were intermittent but memorable. I will always remember my policy briefs that were due by the "brown bag deadline" every evening when whatever the senator needed for the following day had to be in his brown bag before he left his office for one of several events he had during the weeknights before he eventually made to his home in northwest Washington, DC. Without fail, I received my briefs the following morning with his hand written notes that reflected both his understanding of the content in some detail and invariably his questions that required further penetration of policy issues to a deeper level. I was impressed with the work ethic of this man whose time was seldom his own and with his willingness to read our briefs after he finally made it home in the evening. As we provided staff support in hearings, mark-ups, public meetings, and press events, it was never surprising to me how well the senator knew policy issues in significant detail and ascribed it to his capacity to retain information and his diligence to read extensively.

Speech to the National Assembly of Community Health Centers, February 2001

Late one afternoon in the winter of 2001, I was assigned the task to write a speech for Senator Kennedy that he would deliver to the national conference of Community Health Centers that had been established through seminal legislation championed by him in the mid-1960s. In essence, this entire federally funded health system providing care to disadvantaged populations in the US was spawned by Kennedy's leadership. As I prepared this speech, a message came to me from the Senator's personal office that he wanted me to include elements of the Senate floor debate that had taken place when the Public Health Service Act was still an idea yet to be born. So, I was under time pressure to finish this speech while reading the federal register to capture that historical debate from 36 years of time past. I made my deadline with only 15 minutes to spare and took a taxi to the Washington Hilton where I met Senator Kennedy who arrived with his loving Portuguese Water Dog named "Splash." He took my speech in hand and walked to the podium in a large room where 1500 adoring participants broke into a thunderous applause.

After displaying his characteristic large Irish grin to his audience, the senator began reading my speech for approximately one minute at which time he focused his attention on the audience and retold the history of the Senate floor debate over the legislation

that eventually became law and remains known as the Public Health Service Act authorizing federal funding of Community Health Centers, the Public Health Service Corps, Public Hospitals, and many other elements of health care for disadvantaged and rural populations. As I observed the senator on the side of the stage, I was struck by his command of historical facts by memory and the details of the law that spawned an entire industry represented in the audience before him. I was also impressed with how easily he engaged his audience and could speak to them in a natural conversational style that was so genuine and heartfelt. Needless to say, his audience was exuberant in their applause that punctuated a 20 - 25 minute speech given without looking at my text after that opening minute of delivery. As I reflected on this experience later, I had concluded that every major element in the speech I crafted had been delivered by the senator that night. After the event had concluded with several "photo ops," the senator insisted on giving me a "lift" back to my apartment on Capitol Hill. I rode in the back of his van that was driven by a young man in his early 20s whose assignment was to drive the senator to various destinations around the District when he was in town during the week. I sat in the back seat of the van in good company with Splash and talked with the Senator about an upcoming visit to Pittsburgh in which I was going to provide staff support for the purpose of highlighting public attention on our newly drafted patient safety bill that I had been working in collaboration with the offices of Senator Frist and Senator Jeffords.

Senate HELP Committee Hearing, May 22, 2001.

One other memorable experience with Senator Kennedy was in a Senate HELP Committee hearing on May 22, 2001. We were conducting a hearing to shine a spotlight on our draft bill, "The Patient Safety and Quality Improvement Act of 2001" which became a blueprint for what had subsequently signed into law by the Bush administration in 2005. This hearing was my baby to organize including witness selection, witness preparation, and the extensive hearing briefing book replete with questions we posed for the senator. This legislation was my major policy interest and together with the reauthorization of the Public Health Service Act, was the focus of most of my time in the Kennedy office.

Our hearing was preceded by an announcement earlier that morning that Senator Jeffords had decided to leave the Republican Party to become an Independent due to his policy differences with the Bush Administration, especially with regard to the large tax cut which was at the center of their economic policy. The implications for this decision were seismic because we had started this Congress with a 50/50 split Democrat/Republican for the first time in our nation's history. With the Jeffords defection, the Republicans were suddenly in the minority which meant that all committee chairs would become Democrats and the Senate community would become one monstrous exercise in musical chairs as Democrats claimed the larger offices and staff that came with majority status. In one fell swoop, 80 lawyers supporting the Senate Judicial Committee lost their jobs, and the Dems were advertizing for the same jobs. The human displacement and general angst in the Capitol was like nothing I had ever seen before in scale.

In this environment as a backdrop, we started our hearing on that morning. We had several impressive witnesses including Lucien Leap, Don Berwick, Jim Bagian, and a Vermont physician who had been chosen at the chair's prerogative while Jeffords had been committee chairman. When Senator Kennedy arrived that morning, he warmly greeted our witnesses and seemed quite pleased with the realization that he would soon regain his committee chairmanship on the HELP committee. As the hearing opened, Senator Frist made a humorous comment in reference to Senator Kennedy as the new committee chair which drew a large smile. As we began our hearing, Senator Frist left precipitously as the word among staff, which usually traveled at warp speed, was that he had been summoned to the White House for a strategy session to deal with the fall-out from the Jeffords' decision. There was palpable angst with anticipated changes in the air in that committee room on that morning.

The senator chaired the first 45 minutes of our hearing when suddenly without warning he introduced me to the witnesses and audience as "Dr. Dunn will chair the remainder of this hearing as I have another commitment and could not have anticipated the news from earlier this morning." In most Senate hearings, members would attend for a period of time and leave due to other commitments. As a rule, Senators have so much committee responsibility that only the chairman can stay for the entire length of a hearing with some exceptions. So, on that morning, Senator Kennedy had other commitments and could not have anticipated the timing of the Jeffords announcement with its implications for our hearing. So, with some trepidation, I took Senator Kennedy's chair at the committee table and proceeded to chair the remainder of this hearing. It was a rather interesting experience to sit on the Senator's perch before C-Span cameras made easy by the high quality of our witnesses and cooperation from both Democrat and Republican staff. I must say that I did enjoy pounding the gavel to conclude our hearing that day! Of course, I never did hear the end of this from colleagues on the Hill. When I returned to my office that afternoon, a sign had been placed on my desk with "Senator Dunn."

Debra Haire-Joshu, PhD, RWJ Fellow, 2003-2005
Professor and Director, Center for Obesity Prevention and Policy Research
Washington University in St. Louis

With regard to EMK remembrances--I worked for him on HELP from 2003-05 and, in some fashion, ever since. (I have continued to return every summer to work with some of his staff on relevant legislative issues started while in his office).

I primarily worked on obesity related legislation as well as bills related to cancer, public health, maternal child health. Most of my interactions with the Senator were via the many memo exchanges we had. I had fewer personal interactions which were primarily while staffing events for him--particularly at the democratic convention in 2004. But those were memorable and fun as well. Some of my quick--and probably rambling thoughts for you to do with as you wish:

- I remember EMK as being on the 'front edge' in allowing and supporting the development of what was the first bill that addressed childhood obesity from a comprehensive perspective. As of that time, the only and few bills that even took a stand targeted single solution approaches. He changed that with the first prevention of childhood obesity bill that looked at obesity as an epidemic needing intervention across all levels--and the role of policy in that approach. That was not considered as an option in 2003--today, that is the standard approach.
- He respected science in the truest sense: read the evidence, and asked hard but thoughtful questions. He had an amazing memory and could 'zero' in on the issue. (I described interactions with him as a reminder of my dissertation defense).
- He was what I would describe as a 'possibility thinker' with 'strategic' sensibilities, and encouraged me to do the same. For example, when we wrote the obesity bill we removed soda vending machines from schools, something only a few progressive states were working with, but which popular opinion said would never fly. His view was that there was growing evidence that this was harmful for children, and that this bill would send a visible message about this as an obesity prevention strategy. This bill did not pass, but strategically was important as it contributed to the dialogue. Today schools are eliminating soda contracts--now a common thing to do. The possibility became a reality.
- He appreciated input and shared thinking--something that was evident in his friendships with senators from across the aisle.
- And he loved dogs. Our dogs came to work with us in the committee office, something completely accepted. As a dog lover myself, I appreciated this.

Those are my quick thoughts. I loved my time working for EMK, it changed my life. He was a wonderful man who will be missed.