

Reflections on Working for Senator Edward Kennedy, A Vital Ally in the Effort to Improve Mental Health Access and Care

David A. Pollack

Received: 23 November 2009 / Accepted: 1 January 2010
© Springer Science+Business Media, LLC 2010

Abstract The author worked as a health policy fellow in the office of Senator Edward M. Kennedy in 1999. These reflections on that experience provide a description of the ambience of working on health policy issues in the US Congress, how the author utilized his community psychiatric knowledge and skills to assist in the process of developing and promoting various health and mental health related issues, and what it was like working in the Kennedy office. In the wake of his death, the Senator's long and influential career and especially his role in advancing health and mental health access and care improvement cannot be overstated.

Keywords Mental health policy · Government process · History

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

February, 1999

I began work as a Robert Wood Johnson Health Policy Fellow in the office of Senator Kennedy. He was 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 was 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 college interns, who were a nice consolation for not having a secretary. The two main staff were terrific people, extremely bright and energetic. They directed our activities but

D. A. Pollack (✉)
Departments of Psychiatry, Public Health and Preventive
Medicine, Division of Management, Oregon Health
and Science University, Mail Code: UHN-80, 3181 SW
Sam Jackson Park Rd., Portland, OR 97239, USA
e-mail: dapollack@aol.com

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 did not 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 a very large Alexander Calder mobile/stabile. 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 other 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, who, before his tragic death, was the Democratic champion for 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 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 and 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 be a big year for mental health issues (and hopefully my first opportunity to meet the man, since one did not 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 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 min 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 cannot guarantee what will happen then.

Me: That's okay. The American public's attention span is so short that we are not 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 min 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 3 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 Accountability 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 does not 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 will not 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 would 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. 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 did not 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 3 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 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 would not 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 did not 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 cinch). 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 onto 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 onto 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 would not 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 had not 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 did not 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 did not 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 had not 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 did not 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 could not 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 onto 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 7 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 we had been preparing got postponed, but it would have been both wholly inappropriate and logistically crazy to try to do it so soon after this latest tragedy 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 into 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 (an attempt to fund faith-based addiction programs and to exempt religious grant recipient organizations from Federal anti-discriminatory hiring regulations) the Senator did not want to carry the ball on the debate for the amendment, he was still somewhat somber and this was perfectly understandable. So, another senator, Jack Reed of 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. Once again, we won the debate, but lost the vote. But it was fun to watch, another 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 mental health and substance abuse issues. 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 is not to say that there is not 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 made integration of mental health, addictions, and primary care services a high priority for funding. 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 Senator Kennedy'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. With his remarkable list of policy accomplishments and the probability that his leadership on health issues will be honored with meaningful comprehensive health reform, who could ask for more in terms of the legacy of Senator Edward Kennedy?