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**Looking Back to Look Ahead:
Lessons for Today from the New Frontier
and the Great Society
George Washington University School of
Public Health and Health Services
February 19, 2008**

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RUTH KATZ, J.D., M.P.H.: Thank you all for coming. I am Ruth Katz, the very proud dean of the School of Public Health and Health Services here at the George Washington University. As you know, we come together today for two very special events, the sixth session of this year's Public Health Grand Rounds and the second annual George Silver lecture. We just got about an hour or so to do everything that we want to do and as I said I want to try and keep us on time. I know it is going to be a very stimulating session for all of you so I am going to be brief in my own remarks.

Let me start first about Grand Rounds. As some of you know, this year's Grand Rounds series has been built around the theme of translating science into public health policy. We have been asking throughout the year how do we use what we know to improve people's lives? Our goal is to stimulate in depth conversation about the challenging public health issues we face as a society and to do it in a way that engages people from many different disciplines. If you have attended any of our previous sessions, I think you will agree that we have indeed succeeded. These events are drawing in faculty and students across the medical center and the entire university and they are attracting people of diverse backgrounds from the larger, Washington D.C. community as well.

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That is a real testament I think to the fact that public health is absolutely essential to us all. My thanks are always to Pfizer for making the Grand Rounds possible. Thanks are also due to the Kaiser Family Foundation which has given us the resources to both webcast and pod cast the entire series and I would suggest that you log on to the School's website to catch any of the sessions that you may have already missed and to see our schedule for upcoming events.

This afternoon we are delighted to tie Grand Rounds together with our second annual George Silver lecture. This lectureship, housed in our Department of Health Policy, honors one of the greats in the field of maternal and child health. Dr. Silver, who died three years ago at the age of 91, was at once a genuine idealist and a determined pragmatist and he inspired countless others to dedicate themselves to bettering the health of women and children.

I had the privilege of meeting Dr. Silver at the Yale Medical School where my tenure as associate dean overlapped with his emeritus professorship of public health. I feel equally privileged to know his daughter, Jane Silver who along with her siblings, Jim and Judith, established this lectureship in Dr. Silver's memory. Jane, of course, has made her own very significant contributions to public health, especially in the field of HIV and AIDS. It is fitting that we should be joined

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for these twin events by Dr. Phil Lee from the University of California in San Francisco. As assistant secretary of health under the administrations of both Presidents Bill Clinton and President Lyndon Johnson, Dr. Lee is uniquely qualified to help us learn from the past so that we can prepare best for the future.

In just a few minutes, our own Dr. Fritz Um Owen from the Department of Health Policy will introduce Dr. Lee and tell us a little bit more about him, but first let me tell you about two other people who will be speaking briefly. Actually Dr. Stephen Napp needs no real introduction to most of you but you should know how absolutely thrilled we are to have him on board as the new president of our university. Dr. Napp comes to us with 40 years of experience in higher education, hailing most recently from the Johns Hopkins University where he served as provost for more than a decade. His presence here today is a sign of his deep commitment to public health. Dr. Napp understands our issues and has been very engaged with them for a long time and I can tell you he has been terribly engaged with us from the moment he stepped on this campus and we are eternally grateful. Following Dr. Napp, Dr. Jack Geiger will give you just a hint of Dr. Silver's many contributions. Dr. Geiger is still another giant in our field, a driving force behind the birth of the nation's community health centers which

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now provide high quality, cost effective care to some 14 million vulnerable people across our country.

So, I hope you will agree this is going to be a very interesting and exciting session and I want to get started right away but first let me remind you and encourage you to join us here again on March 4th right in this very same room with Dr. Kevin DeCook, director of the World Health Organization's Department of HIV/AIDS will join us for our next Grand Rounds series. Again, thank you to all for being here. Dr. Napp, a very warm welcome to you. Thank you very much.
[Applause]

DR. STEPHEN NAPP: Thank you Ruth. It is a real pleasure to join Dean Katz on behalf of the Board of Trustees and the entire faculty of the George Washington University in welcoming you to the second annual George Silver lecture. I am very happy to be able to greet and have a chance to speak before the event with members of the Silver family who are here and I would like to just recognize them and thank them for their extraordinary support that has enabled us to have this wonderful lecture series that we are doing today, so thanks very much. [Applause]

And I would like to take a moment to recognize two other individuals who are significant in the history of the whole movement of public health, public leaders in the cause of

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public health and they are Congressman Paul Rogers and Dr. Joseph English. Could you just recognize them for a moment as well? [Applause]

As you already heard, Dr. George Silver had an extraordinary life. He was instrumental in shaping U.S. Health Policy for the poor, the underserved, and the medically vulnerable. His tenure at HEW saw the initial implementation of Medicare and Medicaid, the desegregation of U.S. hospitals under Title VI of the 1964 Civil Rights Act, the establishment of major federal health programs for low income children, and the launching of what is today the community health center program, bringing primary healthcare to more than 5,000 communities nationally. The University is honored to have been selected by the Silver family for this gifted lectureship in honor of their father. It is difficult to overstate the importance to universities of gifts such as the Silver gift or the contribution they made in helping bring speakers of the stature of Dr. Lee and Dr. Geiger to our campus. Lectures and visitor ships play a central role in the educational experience of our students and also in the development of our faculty and this is particularly true in the case of lectures that honor historic figures whose work and whose contributions have been so fundamental to shaping modern U.S. health policy.

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As a public event, this gift is all the more special because it furthers the fundamental community service mission of any great university and the GW community is especially delighted when it is able to contribute not only to its students and faculty but to the broader community and so it is with distinct pleasure that I bring you greetings and wish you the pleasure of the day, in enjoying the contributions of our distinguished guests and once again with thanks to the Silver family, I look forward to seeing this tradition continue to grow in the coming years. Thank you all very much. [Applause]

DR. JACK GEIGER: Thank you. This is an exercise I think that George Silver would have approved of, an exercise in the continuing relevance of grey heads. [Laughter] The last time, not the last time I saw Joe English but the most memorable time that his appearance today called up was one week when frantically I was chasing him through Alaska by telephone to resolve some enormously urgent crisis involving community health centers and every place in Alaska that I called he had just left and I finally reached my last call, some little island, whoever answered the phone I said is Dr. English there? And they said there ain't nobody here but us bears and I gave up. [Laughter] But George - what made me think about the continuing relevance of grey heads if you look at PubMed, George Silver's entries range from 1950, the first, until 1994,

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almost a half century of continuing commentary on health policy, national health insurance, national health services, and the national health itself. I think my favorite title of all of those journal articles was one that he entitled "Ending the Reign of Dogma." That is one of the things that George was about and he was prescient and in many ways ahead of his time.

We hear a lot these days about creating a medical home but really one of the ancestors of the medical home was the family health maintenance demonstration at Mono Sphere Hospital, again more than a half century ago in its origin, in one of the ancestors of the community health center movement, George came to visit us at the Delta Health Center in Mississippi and I told him that the family health maintenance demonstration and his work had been part of the inspiration, part of the ancestors of all of this, and George said well, success has a lot of fathers: It is failure, it is a bastard; this is a success. And he went on, again ahead of his time, at a time when there were skeptics to say what the country needed was 800 community health centers. We have more than that now, but George remains one of the ancestors of that movement and it is a pleasure to have a lecture on health policy and the things that George cared about so much committed to his name. Thank you. [Applause]

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DR. FRITZ UMOWEN: It is my distinct pleasure to welcome and introduce Dr. Phil Lee, an old friend, and that friendship dates to my days as a medical student in a somewhat brasher time when medical students want to arrive in Washington as we did in the mid 60's looking for support for our as it was termed at the time activist projects, particularly with sending students into the community during summer vacation time and through a series of connections we made it to the old HEW building and were shown into the offices of Dr. George Silver, the deputy assistant secretary, and Dr. Phil Lee, the assistant secretary for health, a half dozen of us with our beards and ideals and proceeded to make our case for support of students to become active in community health and indeed Dr. Lee and Dr. Silver delivered for the students, for the communities, and for a tradition that has really continued unto today. That group was the Student Health Organization.

Today the American Student Association really carries on that tradition with all kinds of community oriented projects that started back in the old HEW building with Drs. Silver and Lee as the benefactors and godparents of that movement. Dr. Lee was trained in internal medicine, a graduate of Stanford, a member of a proud family of physicians. His father was significant in founding early prepaid practice in the area and Dr. Lee came shortly thereafter to Washington as a young man,

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served first as the senior medical officer in USAID, and then moved over to HEW where he became the first assistant secretary of health, effectively taking over a role that the surgeon general had played for almost a century before that.

Following his tenure in the Johnson administration he returned and became chancellor at UCSF and then in 1972 founded the Institute for Health and Policy Studies, which is perhaps out of dates our Department of Health policy by several decades and really is the font of health policy research and analysis over the decades in this country. He returned to Washington to play a second role as assistant secretary of health almost three decades later in the Clinton Administration from 1993 to 1997. I had the opportunity to serve with Phil again at that time. He is currently the senior scholar at the Institute for Health Policy Studies and professor emeritus of social medicine in the Department of Medicine at the School of Medicine at UCSF and also a consulting professor in human biology at Stanford University. It is with great pride, pleasure and personal affection that I give you Dr. Phil Lee. [Applause]

PHIL LEE, M.D.: Fritz, thanks very, very much. I should say that when Fritz and his colleagues approached us in the department in the mid 60's George and I were very supportive but Joe English came up with the money [laughter] to support the projects which is amazing in that group of students

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how many of them continued in public service and in leadership roles and still in leadership roles in health policy, health services in the country. I would also just say a word, this is just sort of a sermon at the beginning, because of the sponsorship of this Grand Rounds. My participation is entirely funded by the Silver family. My concerns about relationships of the pharmaceutical companies with the medical schools date back many, many years. Bill Silverman and I wrote Pills, Profits and Politics published in 1974 which gives you some idea where we were coming from. We later conducted a study looking at policies around the world. The title of that book was Prescriptions for Death: The Drugging of the 3rd World and our final book together was called Bad Medicine and this was about counterfeit medicines of course which are now commonplace, even including in the United States.

In those days we identified mainly in Indonesia and Thailand and Mexico, not in the United States, but I would say that as students in the health professions you have to think about your relationships with that industry which is a very important and very positive force in our society, at the same time my concerns were expressed very well in a recent book called Hooked and I would suggest that any of you who have not read that, you read Hooked. It will give you the clearest and

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most objective picture of the relationship and I must say I can't say that my own description is the most unbiased.

Well, I am honored to be here to speak in this second annual George Silver Memorial lecture. Jack Geiger has commented on some of George's aspects of his career and I want to add just a few comments. George represented what was the best in American medicine. He was a brilliant individual. He had a wide range of interests. He had great personal integrity. He was a patriot, having served overseas in World War II for four years in North Africa, Sicily, Italy and Europe. He was a great public servant, a gifted teacher. He was a mentor actually to generations, to my generation and to subsequent generations, of people who were bound or destined to be change agents and he was extraordinarily supportive of all of us. He was not only an accomplished practitioner for public health but he was an accomplished practitioner of the art of politics. And he was a world leader in social medicine, an amazing set of accomplishments, and it is a personal pleasure also because George and I and our families were dear, George and I not only professionally but personally friends for 40 years and my kids, five of them, adored Mitzi and George and it was mutual. And I admire George not only for his accomplishments but for his, what he stood for, for his personal policies that touched so many of us and above all he

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was an intrepid man, compassionate, he had energy and warmth, and he stimulated and has supported, as I noted, many of us.

Well, the story that I am going to tell really begins, well I came to Washington with President Kennedy's inspiration. George joined me in '65 in the department and we functioned as equals. I was called the assistant secretary and he was called the deputy but George was not only wiser and far more experienced, he had a deep commitment to civil rights. That was a family commitment. In the summer before we recruited George, which was in November of '65 his daughter Jane was in jail in Mississippi with John Lewis, among others. They put the white prisoners in better jail facilities than the blacks.

George's commitment came out probably of his experience particularly in Baltimore, which was of course a segregated community in the 40's and 50's when he first worked there and the black ghetto was right next to the white, to the Jewish ghetto, and so Jimmie, their son, would play with black kids. He wanted to take one to the movie once and they wouldn't let the kid in. So George and Mitzi never went to that theater again. When they moved to Manhasset from Baltimore, there was what you would call a country club but it was a sort of citizen's country club with tennis courts and swimming pools for the community and George and Mitzi were members and the kids participated and enjoyed it and again when a black

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resident of Manhasset applied for membership, George and Mitzi were very supportive.

Well, the black family didn't get in and they didn't ask George and Mitzi to return to that club. Their commitment was very deep, very personal and involved all the family. And that had a huge impact on those of us in the department when George joined us and he was also of course very committed to social justice. Wilbur Cohen who was the undersecretary then, the secretary described George as the department's intellectual and George had a very good relationship with John Gardner really from the beginning and three months after we tried to recruit George we offered him the job as the deputy assistant secretary, the FBI had not cleared him because of his quote subversive activities in the past. He was a member of the physician's forum and he was a member of other progressive groups and in fact of course he was an advocate of civil rights. So John simply took the FBI report, waived it aside, said he was going to personally clear George, which he did, and he vouched for him and he sent a letter to the chairman of the civil service commission, if I can make this thing work, there we go. Here is what John had to say, "in addition to his professional qualifications, Dr. Silver brings personal qualifications which I find very attractive. He is a brilliant, provocative thinker. He is energetic, immensely

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enthusiastic, and that was another quality that George brought to all of us, about his work with us in the department. He has the capacity for leadership and humor that are so essential in any top staff. In the short time he has been with us as a consultant he has broken through a variety of bureaucratic law jams that have shown close cooperation with the Office of Economic Opportunities and this of course was rare in the government, it was rare for people within the Department of HEW to even talk to each other, let alone talk to somebody like a maverick organization like OEO. He has provided leadership in the health manpower area. He has helped identify the high quality needs and civil rights and he has worked very effectively with Phil Lee, Wilber Cohen, and Ralph Huitt and others in developing our legislative program". Well that is not a small agenda and as I said John was very enthusiastic about that appointment.

Well let me talk a little bit about what in fact we did. I am not going to talk about the whole agenda but starting with President Kennedy's new frontier from 1961 to 1963, and then Lyndon Johnson's great society from '63 to '69. I am focusing on the Department of Health Education and Welfare and I am focusing on health policy in particular and in particular on the three years that George and I worked in the department together.

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I will focus on the three areas that we worked on that were and I will talk most about the first of these, Medicare and civil rights, then health professions, education, health services research, and after that I will reflect on what enabled these changes including the individuals who were involved and those were very, very important. The context and conditions within which we are working and what it was about the conditions in the department from '65 to '68 that permitted people like George and myself and here I was a republican from California, George was this liberal progressive democrat from New York, to work effectively within this department.

Finally I will conclude with some long term consequences intended and unintended and share with you not only as they relate to George's contributions and to this special period in the 1960's but also ask the question are there any lessons for today? And Dean Katz mentioned translating science into policy. Well if there was one thing that LBJ was open to it was ideas and I will mention the process that did that. Well this would take a book and I am going to try and do it in 30 minutes. If I don't succeed, please forgive me.

If we begin with President Kennedy, during the campaign against President Nixon, he said something that really reached a great many of us. He said it is time to get the country

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moving again. He didn't say what he meant by that. He just said that and we believed it. And in fact, it happened. Then in a speech, Labor Day speech in Detroit in 1960, before his famous inaugural address, he said the new frontier is not what programs I am going to offer you. The new frontier is what I will ask you to do for your country. Now again, there are many of us in this room and I am looking at Tom Bryan and Joe and Jack, many of us polled in [inaudible 25:38] by those, that vision, in those words.

Well, let me just tell you how those words stirred me to action. I was a private practitioner in Palo Alto, seeing a lot of elderly patients with arthritis and very busy. This was at a multispecialty group practice, five kids, and you know a good liberal Republican. I did vote, however, for President Kennedy because I hated Nixon. [Laughter] But after Kennedy's election, and then the introduction of the King Anderson bill, for the first time in my life I became involved in politics. I became involved in the campaign for the King Anderson bill and Lee Shore, Lee Bamberger then, who worked for the AFLCIO used to provide us with factual materials that we could use in our arguments.

Now I debated people not only in the Palo Alto clinic, the Santa Clara County Medical Society, the San Francisco Medical Society, California Medical Association, Los Angeles

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County Medical Society, and even the President of the American Medical Association. Now some of those people, interestingly enough, in the 1960's, this would have been '61, used to refer to me as a socialist and you know what that means and they were implying I was a communist and that was common practice. Well that was where the AMA was coming from, that is where most doctors were coming from. Well the AMA president, Dr. Andes, didn't like to debate doctors, especially young practitioners who were seeing patients every day. He wanted to debate labor leaders. So, he did agree to debate me, however, and that was in Sioux Falls, South Dakota. I think it was on a Saturday afternoon. I was also on television and I testified before the Ways and Means Committee.

Well all of this didn't have an impact, no impact actually, on what happened in Washington and the passage of the King Anderson bill, of course which became Medicare and then Medicaid was added, but it did stimulate my interest in public service in going to Washington as I told my friend to learn how Washington worked and I in fact did go to Washington and that passion for public service was very, very widespread among my generation in that period of time and many of us went to Washington to work in the Peace Corp, to work in HEW, to work in Armed Forces, to work in various other areas.

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After I went to Washington, I was in AID as Fritz mentioned, then I went to HEW and I was appointed the first assistant secretary for health. Now the reason I was appointed was several but the main one, the person who was in the job as a special assistant to the secretary for health affairs was a professor from Washington University in St. Louis, Ed Dempsey. He had been one of my professors when I was in med school. He was a visiting professor at Stanford and John Gardner when you talk too long he would tighten his tie like this. If you didn't get it and you kept talking, as Ed was a professor and he liked to talk, most of us got the message. Well, Ed didn't get the message so Ed went back to St. Lewis and I went into the job. [Laughter] So, sometimes it pays to be observant.

Well how did we translate the ideas and where do the ideas come from? Well of course George's experience was vastly greater than mine and his ability; he understood what it would take to take ideas and translate them. His family health maintenance project was an example, his engagement with civil rights well before he got to Washington were examples, and he had been involved in policy at the national level, he had been on the platform committee for the democratic party in 1960, wrote the platform that included what eventually became Medicare, and so the platform was one of the things that influenced what we did.

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There were many ideas, however, Johnson liked to use White House conferences, for example on education, White House conference on health where a number of ideas came up that we later adopted, he had president commissions, one on health manpower for example, and he loved task forces. There were over 170 task forces, just during the Johnson period from '64 to '69. And whether it was a commission, a White House conference, a task force, it closely linked either to the White House or to a cabinet department, in our case of course HEW. Our job in the office of the assistant secretary, was to help translate those ideas into practical reality, the legislative proposals or program ideas or memos to the White House about here is an idea that you should find interesting.

I was first involved with the White House Task Force on Health in 1965. My last involvement was as chair of the task force on prescription drugs from 1967 to 1969. That was an insider you might say task force, but we consulted with outside people, and we among other things we had recommendations that were related to prescribers, dispensers, insurance companies, government agencies of one kind or another including the FDA, and in the end among our recommendations were that Medicare include prescription drugs as a benefit in the Medicare program and Wilber Cohen proposed that actually in late 1968 even though our final report did not go in until February of '69.

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Well there were other examples, Medicare for example, those ideas had been around since Harry Truman, 40 years at least. The specific proposals about health insurance for the elderly, hospital insurance to protect the elderly against high costs, had been in congress for ten years. So it wasn't like this was a brilliant new idea. There were new ideas however, Head Start. Julie Richmond, a pediatrician at the State University of New York at Syracuse had done a small study on 75 kids' preschool, nutrition, health education, family involvement and community involvement. That also became a policy, it became a program, six months after Julie started that program, there were 500,000 kids enrolled in Head Start programs in the United States because of OEO. The OEO funding, the OEO support, just moved it out and the kind of flexible administrative leadership that permitted that, Jack talked about the neighborhood or community health centers, he talked about where those ideas came from, again quite a new idea to most of people in the government although Jack was very familiar with it, George was familiar with it, but Jack's energy brought that and he went first to the department and he was referred over to Lee Shore, the person who sent him over said I have this crazy guy in my office, I don't know what to do with him but maybe you can help.

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Well, the community health centers followed that. The most fundamental idea, the most important idea, that was initiated under President Kennedy and implemented more fully under President Johnson, namely civil rights, the idea was as old as the republic and as central to what is our vision of ourselves. The leadership for that of course there was very strong presidential leadership. There was leadership from the grassroots, sustained by the Rev. Martin Luther King and that grassroots group which began in 1955 with the Montgomery Bus Boycott and Rosa Parks who refused to go to the back of the bus, one woman, one person made a gigantic difference. The movement was critical, particularly in '64 for the passage of the Civil Rights Act, all the disturbances in Birmingham and then with the Voting Rights Act the disturbances in Selma, widely displayed on television, brilliantly orchestrated by Martin Luther King, but also in constant communication with President Johnson, they had a very interesting relationship.

The NAACP legal education and defense fund with Thurgood Marshall also for years after the Supreme Court declared that separate but equal was unconstitutional for schools, they began to focus on hospitals and with the NAACP and the National Medical Association and two Howard University faculty members, Paul Corneally in preventive medicine and

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Montague Cobb in anatomy provided the intellectual base for their arguments so again, individuals make a difference.

Well again I have noted the importance of presidential leadership and then what was accomplished? And what issues particularly were George and I involved in? Well, let me just say a word about civil rights.

Now the important, George and I were not involved in passage of the civil rights act or the voting rights act but the Civil Rights Act, Title VI, this was critical for the desegregation of hospitals and the eventual desegregation of all the residency programs and all the medical schools and all the health profession schools in the country. The audience here today would be vastly different had it not been for Title VI and President Johnson's willingness to use that and use Medicare dollars to implement. No person in the United States shall on grounds of race, color, or national origin be excluded from participation and the benefits of or be subject to discrimination under any program or activity receiving federal financial assistance. Voting Rights Act then of '65 followed and then the Civil Rights Act of '68 which was Fair Housing never had the impact that the Civil Rights Act passed. In '63, after the bill was introduced in June in the fall, Secretary Celebreeze in the summer, HEW secretary testified in favor of this comprehensive approach as opposed to a program by program

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piecemeal approach to desegregation and that was the approach that was bought by congress.

After passage of the Civil Rights Act, the assistant secretary for administration in the department we're now in '64, late '64, immediately began to develop regs to desegregate Hill Burton Hospitals. That was the only place where you could clearly define federal money supporting segregated institutions either white or some black and you hired a very remarkable woman named Sherry Arnstein. Sherry had been involved in the desegregation of a hospital in Virginia and she became the policy person to write the regs on desegregation and the most important thing that Sherry did is she said then when Medicare passed but even before that she said the hospitals either had to comply, they couldn't have it all deliberate speed, they couldn't have a play and they were going to desegregate, they either had to do it or not, they had to be in compliance or they weren't in compliance, if they weren't in compliance they didn't get the money. When Medicare passed, there was then Medicare dollars as an opportunity to apply Title VI. Now, there were 7,000 hospitals that had to be looked at, 1,000 practiced segregation and I can tell you visiting some of those hospitals as you might say a country boy from Palo Alto who had never seen anything like that, I mean these were totally separate entrances, bathrooms, rooms, even separate buildings,

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separate laboratories, separate blood supplies, separate kitchens, separate dining rooms, anyway and there were some that practiced partial segregation, some were complete. It was decided that the regulations for the hospital would apply and they worked those out for Medicare and these regs were then approved by President Johnson in December of 1965.

We then began the process, the Surgeon General established an office called the Office Of Equal Health Opportunity headed by Robert Nash. Dick Smith, who was African American physician, four years in the Peace Corp, was kind of the staff director, overseeing about 350 staff, 300 people were in compliance officers, they would visit the hospitals repeatedly to make sure to educate and then make assurance of compliance. Well, there was some rapid progress in some areas. There were about 6,000 hospitals that got approved fairly quickly and then the slow process and particularly resistant were hospitals in Virginia and Louisiana, the most resistant, but also some of the most prestigious religious hospitals like the Georgia Baptist Hospital were again among the most resistant, the so called Christian institutions, the most resistant to providing access to either black patients or black doctors or hiring minority staff at all.

Well, the secretary, the issue he had to face was here were the millions of elderly expecting to get their medical

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care paid for, they paid for it if they were told, and here it was going to be available on the first of July. If the hospital wasn't desegregated, they wouldn't have access to care and we got up to the middle of June and there were a significant number of hospitals that were not desegregated and Peter Lebosy who was the coordinator for civil rights came to the secretary and said what do you want to do? Should we just be a little flexible? He said absolutely not. He took Sherry Arnstein's policy, said that is the policy and he was backed by the president. Within two days, the president had a national meeting, brought together hospital leaders, medical leaders, political leaders, and said to everybody including this was a national address, he says of course I expect everybody to obey the law. They knew then that unless they complied they were not going to get Medicare dollars. Within about a week or ten days, of those who had not moved, they were quickly willing to come into compliance. Now John had a coordinating committee. I will never forget this. We had a meeting in February and things weren't moving very rapidly. He hired Peter Lebosy to head the office of civil rights. He asked Wilbur, myself, Bill Stewart the surgeon general and Peter Lebosy and Bob Ball, the commission of social security, and they were administering the Medicare program to meet with him and he let us know in no uncertain terms that this had to have the highest priority in

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the department and for all of us personally. Well I can tell you from that moment on it did, 24 hours a day, seven days a week, and as part of the anxieties we had, for example George and I were asked to develop a safety net, get all the Army, Navy, Air Force hospitals, the public health service hospitals, the VA hospitals to be open to civilians who were not otherwise eligible. That took an executive order from the president. This coordination mechanism was set up. There were only seven calls in the week after Medicare was passed where this was even necessarily considered. We didn't have to admit any patient to any of those hospitals because the program worked so well, but that was a busy period and again Preston Reynolds who I have drawn on heavily for these comments had this to say about it.

The Medicare hospital civil rights certification program was a massive undertaking that consumed the energy of the leadership, staff of the HEW and the public health service for nearly a year. The team of leaders began with James Quigley and Sherry Arnstein who developed the protocol for field inspections and set the policy of civil rights compliance prior to the renewal or approval of any federal funds. Peter Lebosy joined the group under the direction of John Gardner and Philip Lee and worked hand in hand with Robert Ball. Bob was commissioner of social security, Bill Stewart the surgeon general; Wilbur Cohen, the undersecretary. Their deputies

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included George Silver, Leo Gehrig and Robert Nash. Twenty years later, these individuals were called the hospital's civil rights compliance initiative under Medicare as one of the most meaningful and powerful experiences of their lives, one that brought them together through common values, commitment, hard work and a dream of improved access to health care for Americans. Well that was an absolutely accurate description. Preston is now writing a book based on 25 years of research. That hopefully will be out within the year which will describe this story in much greater detail.

Two other things I want to just briefly mention, health professions education. These programs were initiated under President Kennedy in 1963. George and I became involved in 1965. We continued to be involved through the 60's, in the modifications every two years, and worked very closely with Paul Rogers who was there from '55 on in providing leadership on this issue until 1979.

After I left Washington and went to California, I continued to work with Paul and with Senator Kennedy, but Paul was the leader on this set of issues and the research that went into that again Truman had proposed it in 1948, the President's Commission on the Health Needs of the Nation described the physician shortages in '52, two commissions advising the secretary, congress and the surgeon general in the late 50's

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told us more about the needs, and these recommendations, each year we would make recommendations to the White House through the task force, they would come back with us, this is what we are going to do, we would then work with Paul to implement these ideas and of course go back and forth with people and congress was saying is this the right idea? Should we be doing this? It wasn't that this is what I am going to do for you, this was Paul what do you think? How should we do this? His staff was extremely helpful and so was Kennedy's staff and there weren't large staffs in those days. It was one person working with Paul on these complicated issues. It was a little easier to solve the problems. [Laughter]

Well then after that, I mean Paul continued actively involved in this until the late 1970's when he retired from congress and the Reagan administration terminated federal support for direct medical education to expand enrollment, to improve the quality of education, and in recent years, well in Reagan years but most recently under President Bush, every year they try to cut out the money that is left for Title VII without success. It has become a partisan, unproductive issue in sharp contrast to the partisan, bipartisan approach, incremental approach that was taken in the 60's and 70's to help profession's education.

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Health service research is another area. This again began, the president said in his health message, he said to begin this effort I have directed the secretary of health education and welfare to establish a national center for health services research and development. This was in his 1968 health message. Well at the White House conference for health in 1965, Carl Whitehead suggested that it would be a good idea to have a national institute. He said this conference should consider advocating the establishment of a national institute of community health service to be set up in a similar fashion to the other institutes of NIH. This would give the intellectual and financial visibility to the problems involved, improved methods of delivering medical knowledge and how the consumers could use this knowledge because they are the ones who are paying for it. Well, George was interested. George got the thing moving with Carl White. One thing led to another. We proposed it. The White House came back with that in '68 and then we had to implement and this was another illustrates another point because after we had appropriations authorize the funding, there was actual authority in the public health service act, but it took us all through of '68 to figure out okay how are we going to organize this? And we had Paul Elwood working with us from the American Health Foundation and George and I disagreed about where the center should be. I

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said it should be in a public health agency. He thought it should be in the secretary's office and the office of the assistant secretary and matter of fact he thought he should be in charge of it. [Laughter] He was in fact correct but we put it in the public health service agency and a year after we left before the agency was actually up and running and making grants, which illustrates the problem, you know, it is not as easy to get these things done as you think. Here is a good idea. Here is the president doing it, well it was two years later before we were actually doing it.

Well let me just conclude. First, I guess we can go to the last one of those. A great deal was accomplished by the new frontier of President Kennedy and the great society of President Johnson. In domestic policy and particularly in civil rights, I described the desegregation and I won't repeat that but that illustrated how the combination of the regulatory authority of the civil rights act, the funding of Medicare, but then the leadership not only of the president, John Gardner and Wilbur, Bob Ball, Art Hess, Bill Stewart, Bob Nash, a number of other people who were involved in actually going out into those hospitals and saying whether they were in compliance and that wasn't easy because that was often a very hostile environment. I didn't mention when I was talking about it but at the same time we desegregated the hospitals we automatically

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desegregated all of the residency programs and before that, the north was as segregated as the south in residencies. Only 10-percent of the residencies in the North admitted any black med students into residency programs, 10-percent.

Just as an aside, when I got to UCSF in 1969, you know, San Francisco was a bastion of liberalism, Cecil Williams who was a minister at Glide Church and a very well known black minister said to me, he said Phil, you know what we call UCSF? And I said no. He said we call it the plantation because it practiced a segregated employment. We had no minority students hardly and two black faculty members in the medical school. So, it was that process after the hospital desegregation, came affirmative action and desegregation of the medical schools and then schools of public health, nursing schools, pharmacy, dentistry, veterinary medicine, optometry, et cetera, the med schools I am most familiar with and just to show you the difference, by the time I became chancellor at UCSF in 1969 in March, in September of that year 25-percent of our entering class at UCSF were minorities. The most they had ever had before was less than five-percent. Twenty-five percent.

There was a transformation as UCSF was a little bit ahead of the curve, other schools were quickly involved and this became schools everywhere in the country moved for aggressive affirmative action. And then of course it was not

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only blacks and other minorities but women and of course now women constitute half or more of all the medical school classes. Well, you have to ask, I mean here was - this was a problem, civil rights, that many of us believed was the most important problem. Here we had leadership from Lyndon Johnson in particular, a very unlikely candidate for that if you look at his early history but his leadership in the senate and then once he assumed the presidency there was no question about his steadfast leadership on this issue. We put Lyndon Johnson as number two behind Abraham Lincoln with respect to civil rights. No other president achieved what he achieved in that very limited period of time. You have to ask yourself how did a president who provided such remarkable leadership not only in civil rights but in broad areas of domestic policy, his vision and his understanding of where he wanted the country to go and bringing the country along, his pragmatic approach to problem solving, his practical working with congress, he knew every member of congress. He knew how to work with each individual. He was very pragmatic and here is what I have to do to get this job done and he got it done and his ability to get consensus on what was one of the most contentious issues in a racist society. We were not without racism in the United States in 1965, 1964, but he got a broad consensus of support for that window and that is when the civil acts passed, the voting

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rights act passed, Medicare passed and a lot of other things. How could a president who achieved so much in that regard and was so competent could have failed so disastrously on foreign policy, particularly with respect to Vietnam? I don't have an answer to that question. But it is clouded his, the recognition of what he accomplished and also of his place in history.

Second, let me just say that most of the programs that we enacted in the 60's are still there. We built on earlier programs, like NIH, the grants for public health that were there before, the grants in mental health, the Hill Burton Program, but Medicare, Medicaid, the community health centers, head start, early childhood development, health professions education, first time ever federal support for medical education, direct support, air and water pollution, a number of multiple other areas, highway safety, these are still the bedrock of our current health policies. Now, they are not without some consequences, unintended and intended. Unintended, I'll just give one example, Medicare.

Within a year after Medicare went into effect, doctors started raising their prices. As a matter of fact, they started raising them before in anticipation of Medicare coming along and the hospitals raised their charges and that started an inflationary spiral. Nixon even had to put wage and price

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controls on the whole economy and he kept it on the health sector because the inflation was so rampant even at that point and of course we have gone on. At that point we were spending less than seven-percent of GDP on medical care, now we are spending 16-percent. We are spending as much money on medical care now as we are spending on all other government services, federal and state.

Now 60-percent of those costs are born by the Federal government so it has huge consequences so price inflation was an unintended consequence, very serious. There are others with other programs but I won't go into them. Let me just add a few practical lessons. First of all, ideas count, and they can come from a variety of places and from a variety of people. One person can make a difference. I mentioned Sherry Arnstein. I mentioned Paul Rogers. I mentioned George Silver, all in different places in the system. Change was harder than we expected. The process involved trust. It was often bipartisan and often incremental but I can't overestimate the importance of that trust in the relationships. The achievements were the work of many from the president you might say on down or you could say from the grassroots on up. Legislation to translate ideas into policies were issue oriented, not ideologic. Incentives, including funding, were very important. I mentioned Medicare dollars to desegregate the hospitals, the

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dollars in health profession educations to get the medical schools to double their enrollment, double its supply of doctors produced so that by 1980 the medical school was receiving twice as many doctors as 1963. That was a combination of policy, working with the schools, but also the money helped.

Well finally, big change doesn't happen very often and I ask what made this possible? Leadership, number one, from President Kennedy and President Johnson, but it was leadership across a whole variety of ways but it was the leadership around some very deep core shared values around equal opportunity. That was the most fundamental shared belief among many of us who were involved in this process and the highest priority of course was given to that not only in civil rights act but in many other areas where that was important. Now, Wilbur Cohen and John Gardner created an environment in the department, open to ideas, no matter how crazy some of them appeared to be like Jack's ideas. [Laughter] Delegation, they trusted us, they delegated, you go do it. They didn't check up on us all the time, you go up to the hill, see the people, talk to the media, whatever you think is necessary but they trusted us to be there. They were stimulating us constantly, giving us energy. They were supportive. They were open to the media and let the media access any of us anytime. They were willing to listen,

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not only with members of congress and two members of congress back and forth, people trying outside, Wilbur was called the salami slicer, Wilbur Cohen, because he liked to take a little idea and move it forward, comprehensive reform was not Wilbur's idea but a thing that was likely to work very quickly and I think he was often correct. More than anything I would say, John and Wilbur trusted us and we all felt that and it was a tremendously energizing experience. Nobody was checking on us. Nobody was checking our - thank God we didn't have e-mails. [Laughter] We were available 24 hours a day, seven days a week. Will it be possible to have the federal government again play such a constructive role in domestic health policy? It won't be easy and my experience working in the Clinton administration where the attitude was despite the fact that Clinton was elected it was not any landslide, there was a distrust of government that was very strong and the republicans took great advantage of that.

So, if you worked for the government people wondered why in the world did you do that? With going to work for Kennedy, everybody said I wish I could go with you. They didn't say why did you do that? That distrust, the partisanship, ideology, not ideas, not pragmatism, it is going to be hard to overcome where we are today but if you look back to where we were in 1960, nobody would have predicted that the

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country would have supported civil rights legislation or a voting rights act or many of the other things or building 1,000 community health centers ultimately. Well many of us hope that there will be a new opportunity to foster equality of opportunity in the months and years ahead and I would say it is up to a new generation to bring about that change and I can only say good luck. Thank you. [Applause]

RUTH KATZ, J.D., M.P.H.: Just a few questions, and we would ask you to use that microphone over there.

PHIL LEE, M.D.: I like answers better than questions.

RUTH KATZ, J.D., M.P.H.: I think the person who is about to speak has lots of answers, Lee Shore.

PHIL LEE, M.D.: Lee Shore was the most important advisor to me when I was campaigning for Medicare. Her judgement was almost as good as George Silver's. [Laughter] And she played a fundamental role, again one person making a difference. There is a person who made a difference and still is making a difference.

LEE SHORE: We go back a long ways. Phil, when you talked about ideas count, and then later you talked about the environment that you were working in, in the mid 60's, and it seems to me that you really have to connect those two things, that ideas count when you have an environment that says yes we need new ideas rather than we need to score points or we need

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to show that we are accountable and we have kept track so that we don't trust anybody so that we can be sure that nobody can fault us for anything and isn't that what we are hoping to get in the next administration, an atmosphere where there is an effort to mobilize public will so that the people with ideas can do something with them?

PHIL LEE, M.D.: I totally agree with that and it is interesting, one example of the ideas, when you think about Lyndon Johnson here is this powerhouse president, campaigned against Goldwater, one of his major issues was Medicare. It was the King Anderson bill, it was hospital insurance for the elderly funded through social security. In the ways and means discussions, the president, one person as his liaison to the ways and means committee and he let congress write the bill. He didn't produce Sarah's 1400 page bill. And in the process one day Wilbur comes to the president and says, Wilbur Mills, he was chairman of the ways and means committee, has got an idea, he is going to add to Medicare, he is going to put on this Part B which is doctors because the republicans want that and he is going to add Medicaid because the AMA wants that and you are going to have this Medicare and Medicaid and he says what do you think? President says okay, boom, the idea - I mean there is a totally revolutionary idea and there is a guy

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who was campaigned on this, he said I don't know, I campaigned on the King Anderson bill and that is what we are going to do.

That is not what we did. And it is interesting when Wilbur Mills, Wilbur went back and Wilbur Mills asked Wilbur, he said well how much is this going to cost? Wilbur stopped for a minute or two and he couldn't really - he sort of shook his head a little bit and he said well he said I don't know but it is going to cost a lot. [Laughter] But Lee is right. The ideas that are out there but there has been no receptor for the ideas and if you don't have the receptors for the ideas and people in leadership who welcome them, I mean again these 170 task forces, all of which came up with ideas, I mean it wasn't - then you had to do some thing about them so that you have to be ready to do that but I would say there is nothing more important for any next generation than one to create the climate where new ideas are welcomed and acted upon.

Joe, just say a word. You have played such an important role. Here is one of the most creative, you know, they had open ended authority. We tried to get things - let me give you one example, family planning. I had developed family planning policies and you are going to think this is weird for an internist from Palo Alto to develop the family planning policies for the foreign aid program in 1964-65 then John Gardner asked me to do that in the department. I developed the

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policies and we said to the public health service in the children's bureau, here is the new policy, implement it. Well, you know, we went about one yard in three years. Joe has no such restriction, was funding I don't know how many hundred family planning programs not only community health centers, and the student health organization, I mean we said you are fine, we are all for you, Joe gave them the money to do these projects but this was another example of the kind and of course Lee was the first health person in OEO when there was no OEO. She was volunteering and going over and working at night to get the thing rolling but Joe why don't you just say a word about what it was like?

JOE ENGLISH: It is always difficult for me to say a word.

PHIL LEE, M.D.: Oh I know that. [Laughter]

JOE ENGLISH: I will say this. I think what you said about trust is so incredibly important. You understate your own role in that Phil. I first remember you and I worked at the Peace Corp. You were the medical director of AID. We all know the veracity of the competition between government agencies and the Peace Corp and AID, you led the cooperation between the Peace Corp and AID. When you became assistant secretary for health I will never forget one morning when you and I got on the phone because the president of the AMA had

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just said the AMA ought to be supporting the development of health care centers and I called you and said did you read this in *The Post*? And you said did you read it? I said yes. You said what are you going to do and said well I am going to go see John Gardner about this immediately, what are you going to do? I said I am going to talk to Sergeant Shriver. The result of that was that Charlie Hudson, the then president of the AMA, had a telegram before he gave the speech, the speech got out early, as he came off the roster giving this very unusual speech for an AMA president, he had a telegram from the secretary of HEW and director of the poverty program inviting him to Washington and that weekend Phil, we sat in Serge Shriver's house and Charlie Hudson was talking to us about health centers and medical societies that sponsor them and I have to tell you that into that meeting came Eunice Kennedy Shriver and she said Dr. Hudson I am so glad to see you here because if you don't get [inaudible 01:08:37] my brothers will and they [inaudible 01:08:40] [Laughter] if you are bringing the OEO and the HEW where there was terrific rivalry together was part of what made a lot of the great things he was talking about happen in so many areas. I could go on but I am going to try to stick with a few words. [Laughter]

PHIL LEE, M.D.: Thanks, Joe. It was a very unusual time, I would have to say.

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MALE SPEAKER: How do we attract people like Joe English and you and Lee back into the federal government in this next administration?

PHIL LEE, M.D.: It is easy. I would say elect a democrat. [Laughter] And elect a big majority in the senate and a greater majority than we have in the house but in the last ten years I have been teaching undergraduates at Stanford in the human biology program. That is upper division students. Without exception, they have more commitment, they are smarter than we ever were. They know more about the issues. I taught one of the courses was on federal health programs for the students who were going to go to Stanford in Washington. There is a condray of young people graduating from university now from med schools, schools of public health, law schools, business schools, nursing schools, pharmacy, ready to go into public service again. I think there is tremendous receptivity.

There is tremendous opportunity but it is going to take the right kind of leadership and it isn't the kind of leadership in my opinion that says well we have the answers and I am going to fix it for you. It is the kind of leadership that I want to get you involved in solving the problems because we are not going to solve the problems with what we know. We have got to engage the people who are out there and I think there is a tremendous reservoir or talent and brains and energy

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and commitment that would be a tremendously energizing and revitalizing for federal agencies like the FDA, NIH, other parts of the public health service, CDC, absolutely needed, and it is there and it can happen but there has got to be the leadership that says we are ready and we are open and we are going to be flexible about it.

RUTH KATZ, J.D., M.P.H.: A perfect note to end on.

Please give [applause].

[END RECORDING]

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