Programme OPERA – ENTRETIENS

Entretien – santé n°20

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Responder: Can you tell me a little bit about that study you're doing?

Interviewer: Yes, I wanted to do-- our research team studies healthcare reforms in the U.S. and in the European Union, in a comparative perspective, and we try to find where the ideas come from, is there a unique source, several sources of ideas, what is the process from the development of ideas to the policy.

So, the ideas, actors, who is involved, how, what are their resources, their strategies, and we compare with European countries, because we have found some results in France and in Germany I can tell to you and it looks that, in France and Germany, healthcare reforms for 30 years, about 30 years, have been developed by a small group of individuals inside the central administration, like your federal administration, and with very few-- very little impact of politicians, of think-tanks.

It purely came from the administration.

The people who develop the ideas are within the government?

Not within-- in France and Germany and also in the U.K., the administration is different from government. There is no link, only the Ministry, appointed by the government, but the other officials are not dependent from the government.

Oh, they're not government--

No, so when the government changes, they stay here. This is the reason why they can have a big impact on policies, and we're trying to see if it's similar here or not, so we meet a lot of people here in the Congress, in the think-tanks, in the HHS. This is why I'm here today, what else, lobbies, industries, et cetera, just to identify ideas, actors and how-- what is the process here in the U.S.

Well, I can just tell you, at this point, where I was, I was with a government agency that administered the government health programs, which, as you know, are limited to the elder

and the poor. We don't have a universal health system, like you guys, so we are very much behind you in terms of what's going on.

I remember, I talked with some German friends of mine, they said, "Oh, my gosh, our health system goes back to Bismarck." It has been the same. The basic system of universal coverage has been the same, all through the war, through a century and a half, whereas we had almost no involvement in healthcare until Medicare came along in 1965.

You mean government?

No government.

Right, private.

Yes, all private. There was very little government, maybe a few government-funded clinics and things like that, but no kind of system that paid insurance for individuals. So, we're kind of late to the game, as they say. I was in the healthcare-- what do you call the Healthcare Financing Administration.

It's now CMS?

It's now CMS, yes, and I was the Chief Counsel there. We had 40 attorneys that did all the litigation and regulation, drafting and guidance of the agency, and what it was doing, and I was there probably from the late '70s to 1997, almost, just over 10 years ago. That's when I retired and came to work for this law firm at that time.

So--

Sorry, excuse me-- how did you arrive in the HFCA?

When I was-- when I got out of law school, when I graduated from law school, I interviewed with a-- with the parent agency of HFCA, which was, at that time, Health, Education and Welfare. It's now HHS, Health and Human Services, and I got a job working in the General Counsel's office of that government agency, the large government agency, and they would typically recruit 12, 15 or so people every year to-- and that was a time of expanding health programs and expanding government and social programs, so they had a great deal of need for fresh blood in then system.

So, I worked there my whole career, for, I guess, 28 years I was there, altogether, and I worked my way up to-- I was then selected to be the head of the healthcare financing division in 1979. So, that was '89, I'm sorry. I was head of another division before that. So, it was very much a career thing for me, and I just felt through the--

And so in that sense, we have a career-- people who are in the administration of the programs, but they're government employees. That's the only-- it sounds like the major difference between our system and yours. You have people that are in some kind of a quasi-governmental agency, but it's not part of the federal government, is that right?

Basically.

And we have political leadership that changes with each administration, but the rank-and-file, to a fairly high level, are career people who stay with the government.

It was your situation?

Yes.

As far as-- which is why you stayed so long?

Yes, and I'm not political. I wasn't political.

You were legal, not political.

Yeah.

May I ask you with whom did you interact the most during your career? What individuals or institutions?

Well, there was a head of-- political head of the-- we'll just call it CMS, since that's what it is now, and I-- we worked with him or her, and that was probably five different individuals over the course of my period, and I would work with the senior-- the heads of each of the divisions within that, with-- there was the division for the Medicaid program, which is for the poor and a division for policy and development for the Medicare program, and a division dealing with all the contractors we have under the Medicare program, and I would-- so, I would deal with the people that wrote the regulations and advise them of what the statute requires of the regulations, and I would deal also, to some extent, with the General Counsel of the whole department, who had some authority.

I was actually reporting to him or her, even though my day-to-day client boss was the head of the-- of CMS.

Okay. So, you have worked for Republican administration and Democrat administrations?

Yes, yes.

And how did you deal with this, because I suppose that you have your own ideas?

Yeah, it's kind of funny. You know, I-- so, I'm a Democrat, and I favor policies that are-- have a more active role, have the government having a more active role in these issues, but you have to learn, if you're going to be a career person, that you have to work for whoever's in charge, and so-- and I've actually found that it was easier-- it was more satisfying, in a way-- not satisfying, but it was easier from a career point to work with Republicans than it was with Democrats, who I was more akin to in viewpoint.

I don't know why that is, I have some ideas, but it's curious.

Could you tell me?

Well, when the Democrats come in, they-- these are programs that were developed by the Democrats over the years, many years ago, they were social (inaudible) programs that the Democrats wanted, and so the people who would come in on the new administration, when it changed from Republican to Democrat always had a bit more ownership of the whole thing, and they were much more-- very pushy, and they had their own ideas of how they wanted to do things, and they didn't much care about what the career people thought.

Whereas, Republicans, when they come in, they are people who are not as used to administering these kind of programs, and they were more out of the mainstream with these programs, and so they had to rely on the career people like me who knew how the program worked for years and years, and they would be more deferential to the career people that at least were willing to work with them.

So, you would say that you had more impact on policies when the-- sorry, the administration was Republican than Democrat?

Probably, yes.

Because it came for the bottom in the case of the Republicans, and from the top down in the--

Right. For example, let me give you the biggest example, was the healthcare reform effort under President Clinton, you're probably familiar with that right now. They-- the Democrats came in with a huge battery of experts from outside of government, consultants, professors, people who ran programs, and they put that-- they installed that huge cadre of people to design the program, and it was, of course, a massive redesigning of the whole healthcare system in the country.

This is the group that was aided by Hillary Clinton?

Yes, she was a leader of the group, and it had very little-- some, some-- they used expertise in the career service on some issues, but they were, by and large, the smaller issues. For example, the only real involvement I had in the healthcare reform effort in 1994 was, they wanted some expertise in administrative procedures, of kind of hearings for people who get denied care and-- process, the legal processes that had to go along with the system.

So, I was consulted, and I had some input on that, but I had absolutely no input on the substance of what was going on, and nor did most of the career people who were, at my level, who did-- who were responsible for the running of the program. They were running the existing program, they had to spend their time doing that, so they were busy, you know, on their day-to-day tasks, but relatively small involvement of that career cadre in the development of that Clinton proposal.

And during Republican presidency, did you have an impact? Do you feel you had an impact?

Yeah, but they didn't try to do it very much. They were not very innovative in terms of-- they were just fiddling around the edges to make small corrections to the program, to try and

control costs, to-- every once in a while, to expand some coverage, maybe, or-- but there were no-- I can't think of any major reform efforts that took placed under the Republicans.

For example, they were very much concerned with quality, trying to measure the quality of healthcare, and to somehow build that into the payment system, but about all they could do was develop reporting and analysis type systems and they weren't really able to have much impact on what we actually cover, and what we actually pay for, and that sort of thing.

Okay, and (inaudible) to promote your ideas, or to push them forward, did you have a specific strategy, or you can't because you were a civil servant, or--

I would try to do little things, like when I saw something that was wrong, I would try to correct that, but I didn't have any big ideas, that wasn't-- that's not what I was trained in. I was sort of trained in the administration of existing programs, and when I see something wrong in that, I would make suggestions or start a process for making change, but those were relatively small things around the edges.

And in the CMS or HFCA, during your career, did you meet people with the same profile, like yours, who really impacted the substance of policies?

Not in the legal office, but there were people, career people, who did have-- who were very smart and very experienced and so they would be trying to make more important kind of changes to the system, to expand coverage.

Like, for instance?

The person I can think of who had the most impact from a career position was a woman by the name of Kathleen Buto. Have you come across that name?

No.

B-u-t-o. Kathleen. She's a consultant, I think, now. I don't have her number, but she would be a good person to talk to, but I'm sure-- I'll Google her, see if she comes up. She was a very-- a very strong woman, plus, she had a lot of experience, and she had a lot of ideas about how things ought to be done, so she was somebody that often was looked to--

She's now with a group called the Center for Comparative Effectiveness Information. Just-- if you-- it's K-a-t-h-y B-u-t-o, and if you just Google her and see what-- you can probably find a way to touch base with her.

I would recommend-- there was another fellow by the name of Thomas-- Tom Ault, A-u-l-t, they often worked together, and they had an office of police development in CMS, and those two were very active in that policy. They were not lawyers. They were-- I don't know, I don't really know what their education was, but they had a lot of experience running the federal programs and developing new ideas that-- things that need to be reformed.

Now, we would do things-- there were some areas that we would get more involved in. They were not, again, major. For example, Medicare had a long policy of not paying for experimental products, or experimental medicine. They would only pay for something after it

was adopted and we realized that there was so much that was going on that was experimental that was routine treatment for people that that was, and so we, Mr. Ault and I, worked very hard to develop a new regulation that would permit us to pay for certain kinds of experimental services when they were routine, even though they were experimental and not formally adopted, either approved by FDA or whatever.

That's-- that was the kind of thing that we would do, and probably that was during a Republican administration, and, again that was expanding service a little bit, where the current system wasn't working, but it was not a major health reform effort.

But sometimes, health reforms are just tiny-- small reforms to small reforms.

Yes, that's right. The incremental approach to health reform, yes. But, usually, if major-- major coverage decisions had to be done through Congress, and so there was a reform effort under the Republicans, actually, this is in about 1988, and that was right at the end of the Reagan Administration and the beginning of the George H.W. Bush, the first Bush Presidency, and it was an expansion of-- significant expansion of the Medicare program.

In the most part, to cover prescription drugs, which, before that time, were not covered. So, there was a major-- and there was also-- also-- to provide for new insurance programs for catastrophic illnesses, it was called the Medicare Catastrophic Coverage Act of 1988. It was-- it had a bad end because the way that this is paid for was through increased premiums and taxes on Medicare, and when the Medicare population started to learn about the impact that this was going to have on them, they rose up and demanded that Congress repeal this.

So, in fact, it was about a year later, it was repealed, and so it never happened.

By a Republican Congress?

No, I think that was a Democrat Congress. The Republican Congress didn't come in until 1994.

So, it's a bit weird that the Republicans promoted health and the Democrats come in and--

You see, it was a Republican president, but he had a Democratic Congress, so he worked with--

Political fights?

The Republican administration worked with the Democratic Congress. It doesn't work that way any more, but it used to. The two of them, they got together and (inaudible) this reform, but it turns out it was not popular at all, and so-- and that's what I-- I fear that may be the fate of the more recent reform, because it's not terribly popular out there, so--

You think it can be-- could be repealed?

Yes. At least parts of it. We'll see.

Which ones?

I don't-- the mandatory insurance, that seems to be the most unpopular. Of course, that will also be tested by the courts, so we'll see about that, but-- so, they repealed the Catastrophic Coverage Act, the Medicare Coverage Act in about 1989, and then it wasn't until-- when did this happen? Sometime later, I think during-- also during the Republican administration, they developed a new system for covering prescription drugs, and that was adopted in the middle of the 1990s, I think with-- not the 1990s.

Yeah, it was the 1990s. The latter part of the Clinton Administration, I think. Anyway, that was a Democrat president and a Republican Congress. They agreed on a more modest, less expensive prescription drug program for seniors, for the Medicare program, but they were-- they worked together on that, and had a lot of problems with it, but it was-- provided some assistance for seniors. It had a lot of prescription drug costs.

And-- so, you were a lawyer, are still a lawyer? Who were the main actors or, maybe, individuals that contested the-- the acts or policies in the courts when you were in HHS? Is it, for instance, certain states, or--

They were-- no, I would say they were-- you mean the main movers, the main people who were behind reform efforts?

It depends on--

Some of them were lawyers, but they were more lawyers who tended to be working in the legislature, working in the Congress. There were a lot of people who were-- there is a whole industry out there of experts in healthcare law that have been studying it for years, so there are-- but they are not, by and large, lawyers. They tend to be more economists. Some of them are medical professionals, but more often than not, they are economists who have proposed various solutions to our healthcare problems.

Now-- that is to say, systemic improvements, changes to the system that would make it run better, cost less, that sort of thing. Lawyers-- I don't know how it is in France or in Europe, but in this country, there are a lot of lawyers who aren't really practicing law, but they are more policy-oriented lawyers, especially in Washington. They get into an office working with a Congressmen, or working with--

Or a lobbyist.

Yeah, the lobbies. So, there are a lot of people that may be lawyers, but they're not in the courts.

Okay, and then the states-- I don't know how we say that in English, but the federal states, the different US states, how did they react to the different reforms in the '80s and '90s? Because it was a loss of power for them, most of the time.

Yeah. Before Medicaid was enacted, that's the main system that affects the states, Medicaid, our program for the poor. Many states had a system of medical assistance payments before Medicaid was enacted in 1966, but the Medicaid program, to those states, was a boom, was a

great benefit, because they were now getting government-matching payments for the things that they were already paying for themselves.

Other states wanted to get the federal money, but they had to increase their state payments for medical assistance programs, so to them, it was not-- I mean, it was of great benefit to their populations, but to their state budgets, it cost money, and so that was-- and there has been that tension, over the years. I mean, gradually, as the Medicaid program has expanded, covered more people, it's, by and large, caught-- been a struggle for the states to afford it, to come up with their share of the cost of running it, because it's a shared cost between the federal government and the state governments.

I say until 10 or 15 years ago, the states just kind of went along with this, you know, they started to make their payments, but as these costs got greater and greater and as the states, at least the more progressive ones, saw that there were people that were uninsured that need to be-- that were not eligible for Medicaid but they were still uninsured, they needed to get insurance, the states started being more active, more creative in developing programs to meet the needs of both their poor populations and the people who were uninsured.

The Massachusetts program, which you've probably heard about, is probably the foremost of those. So, there are people in the last 15 years or so within the states who have become expert in the kind of economies and that sort of thing they need to work on, and who have helped to develop ideas.

So, the ideas are kind of coming up from the bottom, whereas they used to be always imposed by the top down to the states, and the Republicans, by and large, favor the state approach, letting the states bubble up and have their reforms rather than imposing requirements on them from the federal level. Democrats are more likely, as they have recently done in the reform effort, to oppose requirements from the federal government down.

The recent reform, Obama's reform, was it inspired by Massachusetts, or--

It certainly got some ideas from what was going on in the states.

But not officially? It's not a copy?

No, but the mandatory coverage, I think, is-- it was probably an idea who came from Massachusetts, but it was first enacted by Massachusetts, so whether you would say the Obama plan copied it, at least it used it as a model, because it was working, or seemed to be working.

Sorry, I got lost. Do you know if people from the Massachusetts in health who stayed in the state of Massachusetts were consulted by the Congress or the HHS or during--

I don't really know whether they were or not. I don't see why they wouldn't be. Certainly, Senator Kennedy, when he was alive, came from Massachusetts, so I'm sure that some of the people who were working with Obama had to be people experienced in that Massachusetts plan.

That's true. Sure. Okay, and when you were in the HHS, or before that, did you have models? States? States models? (inaudible)

Well, I guess we did. There was a provision in Medicaid law that allowed states to design programs that varied from what the federal law required to test new, perhaps more economical and more efficient ways of providing services than that which was mandated by the federal law, and they could write up the program, and would get consultants, and there was a big 100-page proposal about how they were going to change their Medicaid program to make it better, and they would get a waiver from the federal government.

These waivers were liberally granted, so that many states were operating their own systems, which varied from the straight federal Medicaid model to a greater-- you know, to some extent, sometimes a great extent, sometimes a small extent. The one of those that I worked with the most was the Oregon plan. Did you-- have you heard of that?

No.

Back in the early 1990s, Oregon developed a plan that was the first out-and-out rationing system. They would decide how much they were going to pay-- they were currently paying for healthcare, and they would prioritize all the list of services, I don't know, 1000 different services or diagnoses or whatever, and they would say, "Well, we're going to find down to whatever it is, the lower level ones, the most--" they would start, I'm sure, with the most important, the most life-threatening, down to the least important, and they would have a cutoff line. They said, below that, we're not going to pay for it.

This was-- it was presented to the federal government at the end of the first Bush Administration, and for some reason or another, that administration didn't like it, and so they refused to grant the necessary waiver, on the theory that by not providing these lower-level services, they were somehow discriminating against people with-- disabled people, and they used the statute prohibiting discrimination on the basis of handicap to justify their denial of this waiver.

This was the position of the Bush Administration?

Yes, and there was a Democratic administration in Oregon, the Oregon people who opposed this were Democrats. When the-- when the Clinton Administration came in, in the beginning of 1993, they had to take another look at this, and we spent a great deal of time, because they had this legal aspect to their refusal, this violation of the anti-discrimination statute, that got me, as a lawyer, much more involved in the decision making.

So, I was called by the Secretary of HHS and the head of CMS, and we made trips out to Oregon, and eventually, we negotiated a way in which we could approve it, so the rationing system was then approved by the Clinton Administration, probably in the first year of the Clinton Administration, and that hasn't been a model too much, but I think there are some aspects of it that are, the aspect of, you know, putting some order to the list of services you're going to cover.

And this is still going on, as far as I know, but it has not been widely replicated. That's just an example of some of the states' experimentations, and as they say-- maybe it's been 20 years,

they've got much more-- they've put a lot more time and effort in thinking about better ways to run their medical programs.

So, could we say that both states and federal states-- states, sorry, has increased their influence and their importance in the healthcare during the late-- the last 20 years or so?

Yeah, I would say so. Definitely.

Okay, so, how would-- we had a wrong hypothesis in our study, because we supposed that the federal state only increased its power, and there was a centralization, and--

No, I don't think anybody who knows the system would deny that the individual states have become much more active in trying to improve their systems, mainly in the-- by way of controlling costs, you know, trying to make their systems much more effective, not just by cutting services or cutting the roles of eligibility, but by making their system much more effective and cost-effective.

I think there's much more of that going on at the state level than there has been at the federal level.

(inaudible)

I'm sounding like a Republican, because this is the kind of thing that the Republicans--

I will write (inaudible) and say you're a Republican. The Heritage Foundation. So, I wanted to ask you, I'm just moving a little bit, ask you a question, because we met some people from the HHS, and they told us that, well, "in fact, actually, I'm not in the HHS, I work for the White House," but this is in the current administration, so they explained that because of the budget of the White House, some people actually work for the White House, but they are in the (inaudible) of the HHS. Was it already the case when you were in position?

Not as much, but as health became a bigger-- or a higher priority, politically, for all the administrations, there was a tendency to bring people from HHS to the White House to be advisors to the President on healthcare reform. The first one I can think of, and this is a person who can, if you can get a chance to talk to her, I would, I'm having a mental block. I know this woman very well.

Gail, G-a-i-l, Wilkensky, W-i-l-k-e-n-s-k-y. Have you talked to her?

No.

She's-- I believe she now works for Project HOPE, at least, she did up until a few years ago, but she was the administrator of what was then HCFA, and during the-- I think during the Bush Administration, and towards the end of that term, because of the politics of healthcare, she was moved from that position over to be advisor to the President on healthcare.

The-- there is another woman, her name is Nancy-Ann DeParle. Have you met her?

No, we've never met, but I've heard a lot about her.

She was the head of CMS at the end of the-- towards the end of the Clinton Administration. See, Gail Wilkensky was a Republican, but Nancy-Ann DeParle is a Democrat, and she was Clinton's Head of CMS, or HCFA, at that time. At the beginning of this administration, the new administration, the Obama Administration, she was hired immediately by the White House to be the-- to head up the White House healthcare reform effort.

So, she has been both places just like Gail Wilkensky was both places, and I don't know if you know this, this is the now, what, 15 or so, 16 months into the Obama Administration? He just recently appointed somebody-- or nominated somebody to be the Head of CMS, well over a year after he took office. He didn't appoint a political person to be the Head of CMS for all those months, and now he's named somebody, but they haven't been confirmed by the Senate.

So, there still is not a person that he has named to be Head of the Administration that is responsible for the programs. So, I think that says a lot about healthcare reform, that it's not coming from within the entity that administers the programs, that now administers the programs, CMS. It's all done outside of that, and the only difference between the Clinton Administration's reform effort-- not the only, but the main differences, from my perspective, is that Obama has looked much more to the Congress to take the lead in making the reform decisions, whereas Clinton tried to secretly present a whole package to the Congress, and then let them look at it and--

Okay.

In both cases, it was an effort that didn't come out of the career people who run the current programs. It was experts or, in the case of Obama, legislators who were knowledgeable and interested.

This is very different from what we've seen in Europe.

Yes, yeah, I can tell this. But, your systems aren't as broken as ours are, probably.

Sorry?

Your systems are not as messed-up, not as broken as ours are.

I expect--

You have universal care, don't you, in France? I know they do in Germany.

Yes, we do. Your political system is less fragmented. We-- we don't have federal/state in France, but the regions have more and more power, but not in health. It's still only for central government, but it's too politically important. There's only a few fields like that, the army, defense, health--

And it doesn't matter how much income you have, by and large. I mean, you can buy private insurance to augment the federal insurance, or you can pay for private card?

In France?

In France.

There is a universal system. Everyone is (inaudible).

No matter what your income is.

No matter what your income is.

Same coverage--

Yes, for everybody, but if you can, if you want to be more covered, better-covered, you can pay private insurance, but-- and you handed the private insurance to the state insurance, and more and more, we have private insurance, because the covering of the state is declining.

But, it's like here. We have tax aid to get private insurance, so we say "private," but this is the state. The state pays.

Okay, so some people who have lower income, if they want private insurance, can get some assistance from the federal government.

They can, partly, but they can't choose the private insurance. There is an agreement with the government.

See, our system is much more fragmented than that. It all depends upon how much you make whether you get government care or-- you have to be old enough to get Medicare or you have to be disabled, or maybe some kind of social program, and by and large, for the bulk of people, what kind of coverage you get depends on where you live.

If you're living in California, they have one level of care. If you're living in Arizona or Mississippi, there's another level of-- totally different level of care that you'll be able to get. Our system is screwy, really screwy.

Like your political system.

Yeah.

I just would like to ask you maybe one last question, because I don't want to be too long. It's-- in your point of view, your personal view, how do you think-- sorry, did you see an evolution of the power in the healthcare field during the last 20 or 30 years? I mean, maybe medical associations, or medical professionals were stronger 20 years ago than now, or industries or maybe Congress, or whatever. I don't know.

I can't say there has been a great shift. I mean, the American Hospital Association has been very dominant in lobbying the healthcare system-- legislature, for whatever affects hospital costs, or coverage. The American Medical Association, I understand, don't quote me on this,

but it's become a less and less-- the doctors-- the organization of doctors has become less and less powerful, that is, the general organization, and, instead, the medical specialty organizations have become more powerful.

Somebody told me the other day that the American Medical Association, the general association of doctors, is virtually meaningless now, doesn't-- and they were-- they supported the healthcare reform effort, but--

Kind of the power of the professionals is fragmented, too, right? Kind of the fragmentation of power?

Yes, yeah, but they-- they lobby for some special treatment of their particular specialty, to make sure that they get paid enough for the care that they provide.

And the Congress, did it increase its influence, or--

I think-- I don't think you can deny that. Certainly-- in the Bush Administration, the last Bush Administration, there wasn't all that much going on, but as soon as Obama took over, and this was really at his decision, I think. He really assigned the leadership of-- the Democratic leadership of the healthcare world in Congress to come up with this plan, and, in that sense, they haven't had as much power for 20 or 30 years as they have had in the last couple of years, under Obama.

He has really looked to the Congress and its leaders in the healthcare world to do the-- to take care of the ball on that, but that hasn't happened up until the time at all, and, as I said, you know, Clinton didn't even consult with-- I don't think he even had anybody from Congress working with him on his plan, they just had these experts all over the city drafting various sections of this healthcare bill that they were going to present to Congress as a fait accompli.

The secret taskforce, or--

And that's one thing Obama vowed he would not do.

He learned from the-- his learning process was better. Maybe we could just have people working for the Democrat party, or--

There were a lot of people that are still in power that were in power in 1994, and they were just waiting to exercise their power.

Who are you thinking about?

Let's see. Who was-- I don't know the (inaudible). The guy in the Senate Science Committee, of course, he was new, because Ted Kennedy had died, but who was this guy. All these people had been in Congress for a long time, had been in those leadership positions. If they weren't in the leadership position, they were second in command and very much involved. In the House, it was the Ways and Means Committee, and I'm having a bad time remembering names here.

Yeah, Charles Rangel and Pete Stark, are all people who were very much involved. I think--

Maybe Max Baucus, too?

Yeah, he's in the Senate, he's a Senate guy. He was there back in 1994. Tom Harkin, (inaudible) was there, Max Baucus, they were all people who were there in '94 and are happy to get a chance to work things out.

I ask you a last question, I promise.

No, that's fine-- I don't have anything to do. I'm not-- I don't work very much.

Retired?

I'm sort of retired, yeah. I only work when somebody really needs me.

So, I really need you. No, I just wanted to ask you the main difference between the work you've done in the Administration, and working in private society, like a private company like Hogan--

Probably the main difference is, things I have been working on in the government tend to be a little bit more macro, you know, larger-scale things. Changing a regulation, you know, a whole regulation of how a program worked or-- whereas I've been more focused on, in the private sector, representing the interests of a particular segment, you know, maybe a whole association.

We had-- the American Hospital Association was one of our clients, and we do a lot of work in medical-- for the medical societies, nursing homes, that sort of thing, but the things I work on tend to be narrower in scope.

Okay, but your work is legal, or you are a lobbyist?

I did-- I'm not a lobbyist, no. I had to register as a lobbyist for one of my clients because I had to go to meetings up on Capitol Hill with them, to talk about changes that they wanted made to the law affecting their reimbursement from Medicare, but by and large, I'm not.

We have people who are lobbyists, and we are one of the larger law firms-- one of the larger lobbying outfits here, but I, personally, have not done much of that.

And how did you arrive in this company? Did you apply? Were you contacted?

When I decided to retire, I guess word got out and I was contacted by some people here who knew me, who used to work with me, and they asked-- I wasn't really thinking when I retired that I was going to start working again, but then when I found out there was a market for my services, I said why not, and it worked out. I have been here for 13 years now.

I retired probably two years ago, and have stopped doing regular day-to-day work. Now, I live in a beach community about 100 miles from here, and keep a Pied-a-Terre in DC, because-- and they give me a small office. I don't know why, they let me keep an office, but--

so that's nice. Whenever I come into town, I have an office. If I have any work to do, I have some old clients, and they have old issues that they want me to work on again, so--

But, yeah, it was-- I mean, I'm a product of the revolving door, to some extent. It only revolves a little. Excuse me.

Hello? Hello? Oh, yeah. How are you? How-- I'm fine. You think you will? Oh, good. Can I call you back in a few minutes? Are you at home? Oh. Okay. Let me just finish-- I'm just finishing up a meeting. When do you finish? Have you talked to Mom? Okay. But why don't you call me when you're off work. Okay. Bye.

That's my daughter. They have a family crisis going on, so--

I was checking my list during your call, and I think I've finished, and asked all my questions.

I'm sorry I can't be more knowledgeable about--

No, it was very interesting. A lot of information to think about, explore and--

Well, I would recommend, if you can, if you can get in touch with Miss Wilkensky, she is a very pleasant person, kind of-- matter of fact, I doubt you'll be able to get Nancy-Ann DeParle, she is probably very busy, but by all means, use my name, she knows me very well, and if that is any help, you're welcome.

Thank you.

Does--

We will try to contact--

There is also a man who was head of the agency during the Clinton Administration whose name is Bruce Vladek. He's not here in Washington, he's-- have you heard that name?

Yes.

V-l-a-d-e-k. He's in New York, I think, but he's very-- I would say ebullient. He is very talkative, and you can learn a little bit from him.

I told the (inaudible) will last two years again, so we have time to (inaudible) people. We have four researchers working on this story, and we met about 150 people, so there are a few missing, but--

And your product will be directed towards the reform of the European systems?

No, more the US.

The US system, okay.

There is some publication in scientific journals about the European reform. We already did that, so now we try-- we concentrate on the US system and its reform, we try to publish here in American political science (inaudible) will react better, as policy goes.

But not before probably one year, because we are just beginning to field the US. We did a lot of interviewing in a very short time, but now we have to think about all the information we had and what can we do with it.

Yes.

So, next time, our next meeting is in France in one month, in the South of France, on a sunny beach. Thank you very much.

It's crowded down there that time of year, isn't it?

Probably, yes, but we will be in an office, in fact, actually. Unfortunately. Thank you very much, sir. It was very interesting, and--

Okay, do you have a card?